

Case Number:	CM14-0065895		
Date Assigned:	07/11/2014	Date of Injury:	09/16/2010
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Child & Adolescent Psychiatry, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female who suffered an injury at work on 9/16/2010. She slipped and fell, suffering low back and right foot and ankle pain. She was diagnosed with lumbar disc rupture, sciatica, and right foot sprain. The injured worker later complained of job harassment. Symptoms of depression developed, which included increased anxiety, depressed mood, anger, irritability, fearfulness, insomnia, poor concentration, paranoia, nightmares and feelings of insecurity. She was diagnosed with Major Depression, Post Traumatic Stress Disorder (PTSD) and Insomnia. The 3/12/14 progress report by the treating physician indicates that the injured worker was prescribed Lexapro, Bupropion XL, Ambien, and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Intuniv tab 3 mg #30, refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Attention-Deficit Hyperactivity Disorder (ADHD) as monotherapy and as adjunctive therapy to stimulant medications: www.pdr.net/drug-summary/intuniv?druglabelid=535.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, PTSD Pharmacotherapy.

Decision rationale: MTUS is not applicable. The Official Disability Guidelines (ODG), indicate that there are benefits from the use of medications in the selective serotonin reuptake inhibitor (SSRI) class of antidepressants in treatment PTSD symptoms. Alternative medication options include the tricyclic antidepressants, the monoamine oxidase inhibitor (MAOI) medications, and the second generation antidepressants. Prazosin is also useful in the treatment of nightmares associated with PTSD. There is insufficient evidence to support the use of mood stabilizers, typical and atypical antipsychotic medications, and benzodiazepines should be avoided due to the risk of tolerance, dependence and adverse side effects. There is no evidence for the use of Intuniv (brand name guanfacine slow-release) in the treatment of PTSD. There is also no evidence for its use in the treatment of depression. Intuniv is FDA-approved only for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). The injured worker is not diagnosed with ADHD, therefore the request is not medically necessary.