MAXIMUS Federal Services

Case Number:	CM14-0071638		
Date Assigned:	10/06/2014	Date of Injury:	06/15/1999
Decision Date:	11/10/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/18/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 06/15/1999. The underlying date of utilization review under appeal is 05/14/2014. The treating diagnoses include major depression as well as panic disorder. On 06/24/2014, a secondary treating physician's physical medicine progress report notes that the patient's diagnoses included lumbar post-laminectomy syndrome and chronic low back pain. The patient complained of low back pain at that time and reported he would feel better with morphine 15mg SR every 8 hours and noted that he had not used the morphine 15mg immediate-release more than once per day. The treating physician felt the patient had done a good job of reducing his morphine and planned to coordinate the patient's opioid prescription, prescribing it with his other physicians.An initial utilization review determination of 05/14/2014 discusses numerous clinical records not currently available in the application for independent medical review. That utilization review notes there is no clinical information available in the current records to support an indication for any of the current medications under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dextroamphetamine 10mg, #180, 90 day supply (DOS) 2/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov central nervous system stimulants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information.

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss this medication. FDA Approved Labeling Information discusses this medication's use for attention hyperactivity disorder. The medical records provided at this time do not discuss any specific indication for this medication. Therefore, it is not possible to apply a guideline. Therefore, this request is not medically necessary.

Retrospective Dextroamphetamine 10mg, #180, 90 day supply (DOS) 11/27/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov central nervous system stimulants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information.

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss this medication. FDA Approved Labeling Information discusses this medication's use for attention hyperactivity disorder. The medical records provided at this time do not discuss any specific indication for this medication. Therefore, it is not possible to apply a guideline. Therefore, this request is not medically necessary.

Retrospective Amitriptyline 50mg, #300, 100 day supply (DOS) 1/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 and 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 122.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on tricyclics, states that tricyclics are generally considered a first-line agent unless they are ineffective, poorly controlled, or contraindicated. There is very limited available clinical information at this time. It is not possible to apply a guideline based on this limited information. This request is not medically necessary.

Retrospective Amitriptyline 50mg #300, 100 day supply (DOS) 11/6/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 and 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 122.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on tricyclics, states that tricyclics are generally considered a first-line agent unless they are ineffective, poorly controlled, or contraindicated. There is very limited available clinical information at this time. It is not possible to apply a guideline based on this limited information. This request is not medically necessary.

Retrospective Abilify 10mg, #50, 100 day supply (DOS) 11/27/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information.

Decision rationale: FDA Approved Labeling Information characterizes Abilify as an atypical antipsychotic with indications including schizophrenia, bipolar disorder, and depression. There is very limited clinical information available at this time to support a rationale for this medication or any other medication. Given this limited information, it is not possible to apply a guideline in support of the request. This request is not medically necessary.

Retrospective Paroxatene 20mg, 100 day supply, (DOS) 3/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: This medication is a selective serotonin reuptake inhibitor. The Medical Treatment Utilization Schedule section on selective serotonin reuptake inhibitors states regarding this class of medication that these medications are not recommended for chronic pain but may have a role in treating secondary depression. There is very limited information available regarding the clinical indications or efficacy of this medication. It is not possible to apply a guideline given this limited information. This request is not medically necessary.

Retrospective Paroxatene 20mg, 100 day supply, (DOS) 12/5/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: This medication is a selective serotonin reuptake inhibitor. The Medical Treatment Utilization Schedule section on selective serotonin reuptake inhibitors states regarding

this class of medication that these medications are not recommended for chronic pain but may have a role in treating secondary depression. There is very limited information available regarding the clinical indications or efficacy of this medication. It is not possible to apply a guideline given this limited information. This request is not medically necessary.