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| Case Number: | CM14-0207798 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 10/26/1998 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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 Rehab, has a subspecialty in Interventional spine, 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 patient is a 74 year old female with an injury date of 10/28/90. Based on the 11/06/14 progress report, the patient complains of depression, low energy/fatigue, and generalized anxiety. Object finding notes overall improvement of mood and sleep level at 7-9. Energy is decreased and pain level is at 7. Psych testing show moderate to severe depression (higher level), moderate anxiety (higher level) and borderline anger (lower level). The diagnoses are: 1. Bipolar II D/O, Depressed, Severe without Psychotic Features, with (history of) Rapid Cycling 2. Generalized Anxiety D/O Treatment plan includes continue with Pristiq, Zyprexa, Sonata, Xanax, and continue trial of generic Adderall at increased dose of 20mg TID. The patient is retired. The treating physician is requesting for Sonata 10mg # 150, Xanax 0.5mg #270, and Adderall 20mg #270. The utilization review determination being challenged is dated 11/11/14. The requesting provider provides treatment reports from 01/08/14-11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10 mg #150: 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 Official Disability Guidelines (ODG), Mental illness and stress chapter, Zaleplon (Sonata).

Decision rationale: This patient presents with depression, low energy/fatigue, and generalized anxiety. The request is for Sonata 10mg #150. ODG guideline mental illness and stress chapter states "Zaleplon (Sonata) reduces sleep latency. Because of its short half-life (one hour), may be readministered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." Review of reports shows that the patient has been on this medication for sleep at least since 01/08/14 report. None of the reports documented efficacy of this medication. The guideline recommends this medication as short-term use 7-10 days with a controlled trial showing effectiveness for up to 5 weeks. The request is not medically necessary.

Xanax 0.5 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 chapter, Benzodiazepine.

Decision rationale: This patient presents with depression, low energy/fatigue, and generalized anxiety. The request is for Xanax 0.5 mg #270. ODG guideline mental illness and stress chapter states that Benzodiazepine is "not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." Review of reports shows that the patient has been on this medication for anxiety at least since 01/08/14 report. None of the reports documented efficacy of this medication. The guideline limits the use of this medication to 4 weeks. The request is not medically necessary.

Adderall 20 mg #270: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Web MD.com
<http://www.aetna.com/products/rxnonmedicare/data/2014/CNS/adhd.html>

Decision rationale: This patient presents with depression, low energy/fatigue, and generalized anxiety. The request is for Adderall 20mg #270. Per 01/20/14 review, the treater states "continue current dose of generic Ritalin to 20mg three times a day; but, will start trial of generic Adderall

next month at 10mg." Following report dated 03/24/14 still shows that the patient is at 20mg. MTUS or ODG guidelines do not address Adderall. Web MD.com states "this combination medication is used to treat attention deficit hyperactivity disorder (ADHD) as part of a total treatment plan, including psychological, social, and other treatments. It may help to increase the ability to pay attention, concentrate, stay focused, and stop fidgeting." AETNA guidelines require a diagnosis of ADHD or Narcolepsy and trial of a generic amphetamine. In this case, the treater does not explain what condition this patient has that requires the use of this medication. There is no documentation of attention hyperactivity disorder or Narcolepsy to consider this medication. There is no discussion as to how this medication has helped the patient. The request is not medically necessary.