MAXIMUS Federal Services

Case Number:	CM15-0180829		
Date Assigned:	09/22/2015	Date of Injury:	10/06/1992
Decision Date:	10/30/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This is a 65 year old male with a date of injury on 10-6-1992. A review of the medical records indicates that the injured worker is undergoing treatment for depressive disorder, reflex sympathetic dystrophy lower limb, pain in joint ankle-foot and lumbalgia. Medical records (5-14-2015 to 6-11-2015) indicate ongoing neck pain, shoulder pain and knee pain. He rated his least pain at 2 and his worst pain at 10. According to the progress report dated 6-11-2015, the injured worker had increasing depression over the past 12 months and was now sleeping most of the day. He rated his current low back and neck pain as three out of ten. He rated his shoulder pain and knee pain as one out of ten. He rated his hip pain as three out of ten and ankle pain as seven out of ten. The physical exam (6-11-2015) revealed tenderness to palpation of the lumbar paraspinous area. He was noted to be cooperative and pleasant with regular, clear speech. Treatment has included medications. The injured worker has been prescribed Strattera since at least 11-20-2014. Current medications (6-11-2015) included Methadone, Lyrica, Clonidine patches, Cymbalta, Strattera and Wellbutrin. The original Utilization Review (UR) (9-5-2015) denied a request for Strattera.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strattera 80 mg #30, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Alliance on mental illness.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Strattera.com.

Decision rationale: The current request is for STRATTERA 80 MG #30, 1 REFILL. The RFA is dated 07/06/15. Treatment history includes medications, physical therapy, and activity modification. ACOEM, ODG and MTUS do not specifically discuss the medications Strattera. According to Strattera.com Strattera is approved for the treatment of attention-deficit/ hyperactivity disorder (ADHD) in children aged 6 and older, teens, and adults. Strattera should be used as part of a total treatment program for ADHD that may include counseling or other therapies. Per report 06/11/15, the patient presents with chronic shoulder, knee, ankle, low back and neck pain. The patient also suffers from depression and sleep disturbances. The physical exam revealed tenderness to palpation of the lumbar paraspinous area. Psychologic exam noted patient is pleasant, cooperative with regular, clear speech. The patient current medications include Methadone, Lyrica, Clonidine patches, Cymbalta, Strattera and Wellbutrin. This is a request for refill of medication. The patient has been prescribed Strattera since at least 11/20/14. In this case, there is no clinical evidence of ADHD to consider the use of this medication. There is no specific discussion regarding the patient's symptoms, how the patient is doing with this medication and whether or not it has been effective. MTUS p60 require documentation of functional benefit when medications are used. The request IS NOT medically necessary.