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| <b>Case Number:</b>   | CM15-0183022 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 03/01/1994 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 09/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 69 year old female, who sustained an industrial injury on 3-1-1994. The medical records indicate that the injured worker is undergoing treatment for major depression, chronic pain, general anxiety disorder, and sleep disorder. According to the progress report dated 6-3-2015, the injured worker presented with complaints of more anxiety, worry, and depression. The mental status examination reveals clear, pressured speech, good eye contact, and casual grooming. She was engaging, but frustrated, is very OCD, and thoughts are circumstantial. The current medications are Cymbalta, Adderall, Restoril, Nuvigil, Buspar, and propranolol. There is documentation of ongoing treatment with Nuvigil and Amphetamine since at least 1-15-2015. Treatments to date include medication management and cognitive behavioral therapy. Work status is described as temporarily totally disabled. The original utilization review (9-9-2015) partially approved a request for one-month supply of Nuvigil and Amphetamine to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250mg:** 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) TWC Pain Procedure Summary Online Version last updated 07/15/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, nuvigil.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of narcolepsy, daytime somnolence disorder or shift work disorder. The patient does not have this diagnosis due to industrial incident. There is documentation of unspecified sleep disorder. Therefore, the request is not medically necessary.

**Amphetamine 10mg/ Addreall:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.druglib.com/druginfo/addrell/indications\\_dosage](http://www.druglib.com/druginfo/addrell/indications_dosage).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, adderall.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of attention deficit disorder. The patient does not have this diagnosis due to industrial incident. Therefore, the request is not medically necessary.