

<b>Case Number:</b>	CM15-0189377		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Arizona,  
Maryland Certification(s)/Specialty: Psychiatry

### 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 57 year old female, who sustained an industrial injury on 12-6-2003. The injured worker is undergoing treatment for: depression psychosis. On 8-12-15 and 8-24-15, she reported depression. She is reported to be struggling more with her pain and hot weather. She reported isolating herself more and having an inability to tolerate heat. She also reported having severe headaches. The provider noted her interpersonal relationships have become stronger. Examination revealed her to be cooperative and with good eye contact, mood sad, affect sad-depressed and mood congruent, thought process is goal directed, organized, logical and linear, thought content I future oriented, and insight and judgment are intact. Her weight is noted to have increased. The treatment and diagnostic testing to date has included: multiple psychotherapy sessions, urine drug screen (8-12-15). Medications have included: maxalt, Adderall, alprazolam, buspirone, venlafaxine. The records indicate she has been utilizing Adderall and Alprazolam since at least February 2015, possibly longer. There is no discussion of the efficacy of Adderall or Alprazolam. Current work status: permanent and stationary. The request for authorization is for: Alprazolam 1 mg quantity 120, Adderall 20mg quantity 60. The UR dated 8-31-2015: modified certification of Alprazolam 1mg quantity 44, Adderall 20mg quantity 21.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Benzodiazepines (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Alprazolam 1mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Alprazolam 1mg #120 is excessive and not medically necessary. It is to be noted that the UR physician authorized # 44 tabs for the purpose of safe taper.

**Adderall 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan health System. Attention-deficit hyperactivity disorder. Ann Arbor (MI): University of Michigan health System; 2013 Apr. 41 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FDA.gov- ADDERALL (amphetamine, dextroamphetamine mixed salts).

**Decision rationale:** Per FDA, Adderall (amphetamine, dextroamphetamine mixed salts) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker is being treated for depression. There is no report of diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Narcolepsy for which Adderall is indicated per the FDA guidelines. The use of this medication seems to be off label in this case. Thus, the request for Adderall 20mg #60 is excessive and not medically necessary.