

<b>Case Number:</b>	CM15-0021713		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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  
 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:

The injured worker is a 47-year-old female who reported an injury on 08/27/2007. The mechanism of injury was not provided. The documentation of 01/27/2015, revealed the injured worker had diagnoses of generalized anxiety disorder, cognitive disorder not otherwise specified and major depressive disorder. The subjective complaints included the injured worker tried Adderall for her cognitive deficits with the first dose on the date of examination. The session was noted to focus on providing reassurance and reviewing the twice a day dosing schedule. The injured worker indicated she had some deficits related to keeping track of dates at work. Psychotherapy focused on her ongoing frustrations related to re-evaluation and how difficult the evaluation was for her with tearfulness. The injured worker talked about how she wanted to stop working after the evaluation due to feeling physically disabled all the time. The documentation indicated the injured worker had fatigue and difficulty keeping her house in order and did not want to give in to disability. The injured worker indicated her mood was better on Brintellix 10 mg daily. Her sleep remained poor and she was not approved for Lunesta. The physical examination revealed the injured worker remained alert and oriented and her mood was "better", no delusions, denied suicidal ideation and had good insight. The treatment plan included continuation of Brintellix 10 mg daily, monitor Adderall 10 mg daily and return to clinic. The subsequent documentation of 12/29/2014 revealed the injured worker responded to Brintellix trial, but did not want to take the medication daily. The injured worker was noted to feel a positive effect from Brintellix. The psychotherapy focused on the difficulty tolerating her re-evaluation. The injured worker was having pain, headaches and stress during the testing and for

2 days found herself more depressed and angry. The injured worker was frustrated at how she was perceived by the physician and whether the connection between work stressors and her stroke was appreciated in the medicolegal evaluation. The injured worker was noted to not yet be on Adderall. The injured worker felt more like herself. The injured worker's mood was noted to better. The recommendations included consistent compliance with Brintellix 5 mg to 10 mg given the initial response and possible further improvement in cognitive capacities, start Adderall 10 mg twice a day for cognitive deficits and continue Lunesta 3 mg at bedtime with a return to the clinic in 1 month.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Eszopiclone 3mg #30 per month for 4 months:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Eszopiclone.

**Decision rationale:** The Official Disability Guidelines indicate that eszopiclone is recommended for the short term use for insomnia. The clinical documentation indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations as the request was for 4 months of treatment. Given the above and the lack of documentation, the request for eszopiclone 3 mg #30 per month for 4 months is not medically necessary.

**Brintellix 10mg #30 per month for 12 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker was taking the medication inconsistently. There was a lack of documentation of objective functional improvement and changes in the use of analgesic

medications, sleep quality and duration. There was a lack of documentation indicating a necessity for 12 months of medication without re-evaluation, as the injured worker was taking it inconsistently. There was a lack of documentation per the submitted request for the frequency of the medication. Given the above, the request for Brintellix 10 mg #30 per month for 12 months is not medically necessary.

**Adderall 10mg #60 per month for at least 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: <http://www.drugs.com/adderall.html>.

**Decision rationale:** Per Drugs.com "Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD)". The clinical documentation submitted for review indicated the injured worker was not taking Adderall. The injured worker indicated she felt more like herself. There was a lack of documented rationale for the use of Adderall. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 12 refills. Given the above, the request for Adderall 10 mg #60 per month for at least 12 months is not medically necessary.