

Case Number:	CM15-0212113		
Date Assigned:	10/30/2015	Date of Injury:	12/06/2003
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii
 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 57 year old female who sustained an industrial injury on 12-06-2003. Medical records indicated the worker was treated for severe depression and severe social isolation. Her diagnoses include Major depressive disorder; pain disorder (09-21-2015). Objective findings include sadness and depression. Treatment included continued psychotherapy and a trial of fluoxetine. In the provider notes of 08-24-2015, the worker has no musculoskeletal issues or integumentary issues. A request for authorization was submitted for: 1. Alprazolam 1mg #120, 2. Adderall (generic) 20mg #60, 3. Bupropion 150mg #120. A utilization review decision 09-30-2015 authorized the Bupropion 150mg #120, and non-certified Alprazolam 1mg #120 and Adderall (generic) 20mg #60.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Benzodiazepine.

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

Decision rationale: The patient presents with neck and head pain and severe depression. The current request is for Alprazolam 1mg #120. The treating physician's report dated 09/28/2015 (138B) does not discuss the request. Medical records show that the patient was prescribed Alprazolam since before 03/2015. The MTUS guidelines page 24 on benzodiazepines states, "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." In this case, long-term use of benzodiazepines is not recommended by the MTUS guidelines. The current request is not medically necessary.

Adderall (generic) 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) 2013 Apr 41 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#> AETNA, Attention Deficit Hyperactivity Disorder (ADHD) Agents.

Decision rationale: The patient presents with neck and head pain and severe depression. The current request is for Adderall (generic) 20mg #60. The treating physician's report dated 09/28/2015 (138B) does not discuss this request. Medical reports note that the patient was prescribed Adderall on 03/2015. MTUS or ODG guidelines do not address Adderall. However, the National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#> states this medication is used as part of a treatment program to control symptoms of ADHD. NIH further states, "The combination of dextroamphetamine and amphetamine should not be used to treat excessive tiredness that is not caused by narcolepsy." AETNA guidelines require a diagnosis of ADHD or Narcolepsy AND trial of a generic amphetamine. It is not clear from the reports why this medication is being prescribed to this patient. Furthermore, the patient does not have a diagnosis of ADHD or Narcolepsy. The patient does not meet the guidelines for continued use of Adderall. The current request is not medically necessary.