

Case Number:	CM14-0118027		
Date Assigned:	09/22/2014	Date of Injury:	08/06/2000
Decision Date:	10/21/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Injured worker is a 61 year old female with date of injury 8/6/2000. Date of the UR decision was 7/11/2014. Report dated 1/21/2014 suggested that the injured worker was being treated for Major Depressive Disorder and was being prescribed Vyvanse 120 mg daily, Cymbalta 60 mg daily, Abilify 5 mg daily, Deplin 15 mg daily, Topiramate and Diazepam. Report dated 3/4/2014 suggested that the medications prescribed at that visit were Vyvanse, Butrans, Fentanyl patch dose was being reduced and Cymbalta, Diazepam, Abilify and Topiramate were continued. Most recent progress report dated 8/19/2014 also listed diagnosis of Major Depressive Disorder and was being prescribed Vyvanse, Lyrica, Cymbalta and Abilify. It was suggested that Topiramate was discontinued at that visit. It was stated that the injured worker experienced continued struggles with intrinsic forces including pain and depression secondary to workplace injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Vyvnase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/vyvnase.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Vyvanse®

Decision rationale: FDA states that Vyvanse is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). CNS stimulants (amphetamines and methylphenidate-containing products) have a high potential for abuse and dependence. The injured worker does not have symptoms or diagnosis of Attention Deficit Hyperactivity Disorder. The use of Vyvanse is off label in this case which is not medically indicated as this medication has a high chance of abuse, dependence. Thus the request for Retro: Vyvanse is not medically necessary.

Retro: Desipramine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC, Mental Illness & Stress Procedure Summary (last updated 6/12/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14 of 127.

Decision rationale: MTUS states "Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Most recent progress report dated 8/19/2014 listed diagnosis of Major Depressive Disorder and was being prescribed Vyvanse, Lyrica, Cymbalta and Abilify. It was suggested that Topiramate was discontinued at that visit. It was stated that the injured worker experienced continued struggles with intrinsic forces including pain and depression secondary to workplace injuries. The injured worker is on multiple psychotropic medications affecting the serotonin levels which can be dangerous. There has been no objective testing to identify the levels of the depression being experienced by the injured worker. The request for Retro: Desipramine is not medically necessary.