

<b>Case Number:</b>	CM15-0019314		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/18/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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  
 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:

This 54 year old male sustained an industrial injury on 7/18/10, with a closed head injury, right wrist fracture and ongoing back and neck pain. Treatment included left shoulder SLAP repair with subacromial decompression and distal clavicle resection, massage, epidural steroid injections, steroid injections into the thumb, radiofrequency ablation, physical therapy, acupuncture and medications. In a PR-2 date 12/15/14, the injured worker was seen for ongoing upper back, neck, low back, right hand and right wrist pain as cervicoccipital headaches. Physical exam was remarkable for a restricted mood and demeanor, tenderness to palpation to the cervicooccipital region, low back and right hand and wrist. Gait and neurologic exam were intact. Current diagnoses closed head injury, healing scalp laceration, cervical sprain, post traumatic cervicooccipital headaches, right hand and wrist fracture with pins, right ulnar collateral ligament tear for surgical reconstruction, upper back strain, lumbar sprain, reactive anxiety and depression and right shoulder sprain. The treatment plan included refilling medications. On 1/27/15, Utilization Review noncertified a request for Adderall ER 20mg #90, Amrix 15mg #270 and Donepezil 5mg #720 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall ER 20mg #90:** Upheld

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

**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#why>

**Decision rationale:** Per the 01/20/14 report the patient presents with chronic neck and back pain with radiation to the right buttock and right knee. The current request is for ADDERALL ER 20 mg #90 per the 01/15/15 RFA. Recent reports do not state if the patient is working. MTUS or ODG guidelines do not address Adderall. National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#why> 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. The 01/29/15 report states Adderall is a similar dopamine to Modafinil which is being increasingly used as "cognitive enhancer" as well as used for excessive sleepiness that would also include sleep disorder associated with head injuries. The treater states, that the patient benefits from the use of this medication. The patient's diagnoses include closed head injury. In this case; however, available guidelines support use for ADHD and excessive tiredness caused by narcolepsy and there is no clinical evidence provided of these conditions for this patient. The request IS NOT medically necessary.

**Amrix 15mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Per the 01/20/14 report the patient presents with chronic neck and back pain with radiation to the right buttock and right knee. The current request is for AMRIX 15mg #270 per the 01/15/15 RFA. Recent reports do not state if the patient is working. The MTUS guidelines page 63-66 states: "Muscle relaxants --for pain--: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine --Flexeril, Amrix, Fexmid", generic available--: Recommended for a short course of therapy." The 01/15/15 report states this medication helps control ongoing pain spasms and is being used to minimize and avoid use of an opioid. However, guidelines recommend only short-term use of muscle relaxants, and this patient has been prescribed this

medication on a long-term basis since at least 10/16/14. Furthermore, this request is for #120 which does not suggest short-term use. The request IS NOT medically necessary.

**Donepezil 5mg #720:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697032.html> National Institutes of Health, National Library of Medicine

**Decision rationale:** Per the 01/20/14 report the patient presents with chronic neck and back pain with radiation to the right buttock and right knee. The patient's diagnoses include closed head injury. The current request is for DONEPEZIL 5 MG #120. The RFA is not included. Recent reports do not state if the patient is working. The MTUS and ODG do not discuss this medication. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697032.html> National Institutes of Health, National Library of Medicine states this medication is used to treat dementia in people who have Alzheimer's disease. The 01/15/15 report states this medication is for improved memory and concentration related to the patient's closed head injury and the depression of chronic pain. In this case; however, available guidelines state this medication is indicated for dementia in patients with Alzheimer's disease. Lacking recommendation by guidelines, the request IS NOT medically necessary.