

Case Number:	CM15-0175919		
Date Assigned:	09/17/2015	Date of Injury:	12/06/2003
Decision Date:	10/21/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 12/06/2003. Medical records indicate that the injured worker is undergoing treatment for chronic neck pain, cervical degenerative disc disease, and bilateral shoulder and right arm pain. She suffers from anxiety and sleep disturbance due to pain. Her diagnoses are major depressive disorder single episode severe and pain disorder. She developed headaches since her industrial injury. Progress notes of 08/10/2015 show that her depression was worse. She felt fatigued, more hopeless, and worried about the future. Objectively she was sad and depressed with a flat affect. She has been treated with medications and psychotherapy. ██████ noted that the patient has been on and off of her medications due to denials, putting her through withdrawals and worsening her depression. Medications include Adderall, alprazolam, buspirone, hydrocodone, hydroxyzine, Maxalt-MLT, Pantoprazole, Pravastatin, Soma, venlafaxine ER and Zolpidem. UR of 08/13/2015 modified the requests for Alprazolam 1 mg to # 72 and Adderall 20 mg to # 34 for tapering purposes.

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.

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

Decision rationale: Benzodiazepines are not recommended for long term. The patient has been on alprazolam since at least 02/2015 with no rationale provided for remaining on this medication. The length of time she has received this clearly exceeds guidelines. This request is not medically necessary.

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, April 2013, page 41.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS, ACOEM, and ODG are all silent regarding Adderall. The internet (PubMed) was researched for scholarly articles. A review of the use of stimulants and stimulant alternatives in treating bipolar depression and major depressive disorder. J Clin Psychiatry. 2014 Sep; 75 (9): 1010-8. Corp SA1, Gitlin MJ, Altshuler LL.

Decision rationale: The patient suffers from major depressive disorder, which has worsened due to her circumstances. Stimulants such as Adderall are seen in the community as adjuncts in major depressive disorder (off label), as well as for their approved conditions of ADD/ADHD. The patient does not carry these diagnoses. No rationale was provided for use of Adderall as augmentation/adjunct, nor was there documentation of its efficacy or benefit. This request is not medically necessary.