

Case Number:	CM15-0095139		
Date Assigned:	05/21/2015	Date of Injury:	07/30/1993
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational Medicine

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 56-year-old female, who sustained an industrial injury on July 30, 1993. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a pain disorder, major depressive disorder, sleep disorder, and complex regional pain syndrome lower. Treatment to date has included a wheelchair, psychotherapy, pool therapy, stretching, walking, and medications including anti-anxiety, antidepressant, and wakefulness promoting. On May 5, 2015, the injured worker complains of depression. She complains of increased pain in the hips and needs another surgery. She uses a wheelchair to travel any significant distance, such as a long hallway in the office building. She is currently doing pool therapy. When she is in this much pain, her mood deteriorates. The mental status exam revealed good eye contact, normal psychomotor activity, a subacromial decompression/depressed mood, and anxiety. Her affect was mood congruent, normal range and modulation, fearful/anxious, and subacromial decompression/depressed. Her thought process was goal directed, organized, logical, and linear. There was no abnormal thought content, suicidal ideation, or homicidal ideation. Insight/ judgment were intact. She was alert/awake, oriented times 4, recent/remote memory intact, attention/concentration was intact, intact language, and excellent fund of knowledge. There was normal gait/station, muscle strength, and muscle tone. The treatment plan includes pool therapy due to complex regional pain syndrome and medications including Alprazolam and Adderall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement. Pool therapy (unspecified) is not medically necessary.

Alprazolam 0.5 mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Alprazolam 0.5 mg (unspecified qty) is not medically necessary.

Adderall 5 mg (unspecified qty): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Weaning, stimulants.

Decision rationale: Adderall is a psychostimulant drug of the phenethylamine class used in the treatment of attention deficit hyperactivity disorder (ADHD) and narcolepsy. Adderall is also used as a performance and cognitive enhancer, and recreationally as an aphrodisiac and euphoriant. According to the Official Disability Guidelines, psychostimulants such as Armodafinil (Nuvigil), Modafinil (Provigil), and Adderall are not recommended solely to counteract sedation effects of narcotics. There is no documentation of a work-related indication

for prescribing Adderall. Weaning should be accomplished as recommend by the ODG.
Adderall is not medically necessary.