

<b>Case Number:</b>	CM13-0044660		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. He 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 physician reviewer was selected based on his 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 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:

This is a 46 year old male who sustained an injury in 2010 while filming a commercial in which he portrayed a boxer. The patient has been under the care of a psychiatrist whom he sees twice monthly and who has apparently diagnosed PTSD. Evidently he is on 20 mg of Adderall, 200 mg of trazodone, 2 mg of Lunesta and Xanax as needed. He has acknowledged drinking 1-2 glasses of wine nightly due to difficulty sleeping. On 7/1 2013 the patient underwent psychological testing which indicated diagnoses of Somatoform Disorder, Mood Disorder secondary to his brain injury and Anxiety Disorder NOS and Dyssomnia. A sleep study also done in July indicated mild OSA. Certification for the Adderall has been requested and denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Aderrall 20 mg between 10/22/2013 and 12/6/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, PTSD Pharmacotherapy, and Practice Guidelines for the Treatment of Patients with Acute Stress Disorder and Post Traumatic Stress Disorder, APA, November 2004

**Decision rationale:** The Physician Reviewer's decision rationale: The above cited guidelines do not indicate stimulants for this condition. Evidence based indications for stimulants are in the treatment of ADHD and as augmentation for refractory depression. Use of stimulants in patients with anxiety disorders is problematic due to their anxiogenic properties and they may exacerbate sleep problems and hence should not be used in patients with insomnia. The data reviewed in sum fail to establish an evidence based indication for Adderall in this case and the clinical circumstances would appear to proscribe its use.