

<b>Case Number:</b>	CM13-0046574		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/24/2007
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/10/2013
<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/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

The patient is a 52-year-old female who reported injury on 02/24/2007. The mechanism of injury was stated to be a cumulative trauma due to repetitive bending at the waist. The patient was noted to have lost 4 pounds in 1 year, as the physician's previous evaluation revealed the patient was 132 pounds and now the patient was noted to weigh 128 pounds. The patient's medications were noted to be Cymbalta, oxycodone, Prilosec, Abilify, Lunesta, Elavil, and Xanax. The patient, in the past, was noted to have been told that they may have had ADHD (Attention Deficit Hyperactivity Disorder) and was placed on Ritalin; however, the patient was no longer on Ritalin. The patient's diagnoses were noted to include GERD (Gastroesophageal Reflux Disease) and chronic insomnia. The submitted request was noted to be for amphetamine salt combo 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Amphetamine Salt Combo 10mg, Three Times a Day, #75/25 Days (Dos 10/01/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 115 and physicians' Desk Reference (PDR), 67th Edit

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound drugs and Other Medical Treatment Guideline or Medical Evidence:  
<http://www.drugs.com/amphetamine.html>

**Decision rationale:** Official Disability Guidelines indicates that compound drugs are "not recommended as a first-line therapy for most patients, but recommended as an option after a trial of first-line FDA (Food and Drug Administration )-approved drugs, if the compound drug uses FDA-approved ingredients that are recommended in ODG." Amphetamines are neither recommended nor not recommended in Official Disability Guidelines. Per drugs.com, an "Amphetamine is a stimulant and an appetite suppressant". There was a lack of clinical documentation indicating the necessity for the requested compound drug as the patient was noted to have lost weight. Given the above, the request for amphetamine salt combo 10 mg, three times a day, #75/25 days (date of service 10/01/2013) is not medically necessary.