

Case Number:	CM13-0055286		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2010
Decision Date:	03/26/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 Psychiatry and Neurology 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:

This case involves a 45-year-old male with a date of injury of 8/30/2010. The date of utilization review (UR) was 11/11/2013. He is diagnosed with mood disorder secondary to Traumatic Brain Injury, Anxiety NOS, post-traumatic stress disorder (PTSD) related to boxing. He started receiving medication treatment from Psychiatrist starting 02/2012. The medications included Adderall, as needed; propranolol; Lunesta; trazodone; and Xanax, as needed. According to the Progress report dated 7/25/13, he was depressed, anxious and fearful regarding his future ability to work given his memory problems. Per progress reports from 08/2013, the injured worker had objective findings depressed, fatigued circles around eyes, agitated, irritability, and underweight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, U.S. Food and Drug Administration, (<http://fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm111441.htm>), and the Adderall package insert, Online Version (www.accessdata.fda.gov/drugsatfda_docs/label/.../011522s0401bl.pdf).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

Decision rationale: The FDA states that Adderall® is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker has been diagnosed with Traumatic Brain Injury and post-traumatic stress disorder (PTSD). He does not have diagnosis of ADHD or narcolepsy, which are the only two conditions that Adderall has FDA approval for at this time. Thus it seems that it is being used off label for him by his Psychiatrist. Upon review of the journal articles submitted by the Psychiatrist on 11/11/2013, which talks about effects of Adderall on Attention deficit after Traumatic Brain Injury, which is still would be considered "off label use", since the FDA does not approve Adderall for anything other than the two stated conditions at this time. Also, no testing has been done to prove that the injured worker has attention problems. It is just a subjective finding at this time. Based on this information request for Adderall is not certified.