

Case Number:	CM14-0000090		
Date Assigned:	01/10/2014	Date of Injury:	05/05/1998
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 injured worker is a 62 year old male who reported an injury on 05/05/1998. The mechanism of injury is unknown. The clinical notes dated 11/18/2013 noted the injured worker had problems with grinding his teeth, along with problems with right shoulder. The injured worker had Botox injections in the jaw which were not helpful. The injured worker reported trouble with getting a good night's sleep. The injured worker rated pain 7/10 without medication and 4-5/10 with medication, but continued to have neck pain. The injured worker was prescribed Percocet, Adderall XR, Viagra, Xanax, Prilosec, Atarax and Celebrex. The physical exam noted the right shoulder was currently not tender also the injured worker had full range of motion. The injured worker had diagnoses of right shoulder arthroscopic surgery on January 2005, chronic left shoulder pain, chronic neck pain, erectile dysfunction, depression secondary to chronic pain and disability and a history of right sided brain injury at age 19. The provider requested Adderall XR 30 mg # 30, the authorization for the request was submitted and dated 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ADDERALL XR 30 MG, QUANTITY OF THIRTY (30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Adderall.

Decision rationale: The injured worker had problems with grinding his teeth, along with problems with right shoulder. The injured worker had Botox injections in the jaw which were not helpful. The injured worker reported trouble with getting a good night's sleep. The injured worker rated pain 7/10 without medication and 4-5/10 with medication, but continued to have neck pain. Medline Plus notes that adderall XR contains a combination of dextroamphetamine and amphetamine is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder (ADHD; more difficulty focusing, controlling actions, and remaining still or quiet than other people who are the same age) in adults and children. Dextroamphetamine and amphetamine tablets are also used to treat narcolepsy (a sleep disorder that causes excessive daytime sleepiness and sudden attacks of sleep). The combination of dextroamphetamine and amphetamine is in a class of medications called central nervous system stimulants. It works by changing the amounts of certain natural substances in the brain. There is a lack of documentation indicating the injured worker had a diagnosis of ADHD or narcolepsy. Therefore, the request for Adderall is not medically necessary.