

Case Number:	CM14-0013509		
Date Assigned:	02/26/2014	Date of Injury:	01/25/2000
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal Medicine, and is licensed to practice in California, Colorado, North Carolina, and Kentucky. 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 51 year old male injured on 01/25/00 when he was pushing a wheelbarrow containing concrete injuring his right shoulder and low back. Current diagnoses include status post L1 to S1 posterior laminectomy with persistent bilateral lower extremity radiculopathy, chronic cervical and thoracic myofascial pain, post-laminectomy syndrome, lumbago, left lumbar radiculopathy, chronic pain syndrome, chronic opioid tolerance, and drug taking behaviors, insomnia, anxiety, and depression. Treatments to date include physical therapy, epidural steroid injections, multi-disciplinary pain program, psychological counseling, and medication management. The documentation indicates the injured worker has had multiple inconsistent urine drug screens with the presence of Methamphetamine and THC. The injured worker has been referred to addictionologist. The documentation indicates psychiatric evaluation on 01/06/14 noted the injured worker reported opiate withdrawal for the 3rd month in a row with increasing agitation and anger resulting in him not living at home with his wife and kids. Current medications include Adderall 10mg BID, Bupropion 300mg QD, Carisoprodol 150mg 1-2 QD, Cymbalta 60mg QD, Flurazepam 30mg, Megestrol 40mg TID, Lorazepam 1mg QID, Lunesta 3mg QHS, Norco 10/325mg 8 QD, and Oxycodone 20mg QID. The documentation indicates the injured worker previously indicated intent to agree with weaning from unprescribed Morphine and other opioid medications. The initial request for Adderall 10mg was initially non-certified on 01/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDERALL 10MG: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/adderall-drug.htm>

Decision rationale: As noted in current guidelines, Adderall is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribed. Additionally, Adderall is primarily utilized in the treatment of ADD or ADHD and there are no reports that show this to be a primary diagnosis for the injured worker. As such, the request for Adderall 10mg cannot be recommended as medically necessary.