

Case Number:	CM14-0154426		
Date Assigned:	09/24/2014	Date of Injury:	05/01/2002
Decision Date:	12/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 patient is a 35 year old male with date of injury 5/1/2002, shot while trying to help a driver. The treating physician report dated 8/29/14 indicates that the patient presents with chronic pain affecting lower back and hip on a scale of 7/10. Patient describes pain as aching, sharp, numbness, shooting and throbbing. Patient underwent surgery in 2002 to remove 3 bullets from scrotum. Treating physician report dated 8/29/14 notes that patient still has bullet fragments in hip, abdomen and T1 vertebral body. Report also notes that patient is currently taking Adderall, Alprazolam, Benicar, Levitra, Lidoderm Patch, Norco, OxyContin, Wellbutrin XL and Zolpidem. Past medications include Naproxen, Fentanyl, Lexapro, Lidoderm, Lortab, Morphine, Percocet, and Tylenol with Codeine, Vicodin, Ultram and Xanax. The treating physicians report dated 8/29/14 also notes that the patient is currently unemployed due to painful condition. The physical examination findings reveal post-traumatic stress disorder (PTSD) like symptoms and pain with right hip range of motion (ROM), internal and external rotation reduced. Prior treatment history includes prescription medication, physical therapy, hydrotherapy, meditation, yoga, nerve blocks, chiropractic therapy, massage, exercise, and acupuncture. The current diagnoses are: 1. Generalized anxiety disorder 2. Depression, NOS 3. Abdominal pain 4. Thoracic or thoracolumbar degeneration 5. Long term use of high-risk meds. The utilization review report dated 9/17/14 denied the request for Adderall 30mg #60, based on a lack of evidence suggesting the patient is suffering from any form of attention deficit disorder and no documentation of a diagnosis of ADHD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Adderall

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The patient presents with PTSD symptoms and chronic pain affecting lower back and hip on a scale of 7/10. The current request is for Adderall 30mg #60. Adderall is a stimulant medication. The treating physician report dated 9/12/14 states, "Seeing psychiatry for PTSD and is medically managed with Xanax and Adderall." The MTUS guidelines do not address ADD or ADHD and the ODG do not acknowledge Adderall in the Workers Compensation Drug Formulary. Adderall is FDA approved for ADD, ADHD and narcolepsy. The IW appears to be prescribed Adderall for treatment resistant major depression. However, this is not clearly discussed in the medical records provided. The treating physician does not address prior usage of Adderall or show any improvements with usage. MTUS page 60 requires that the treating physician document pain and function when prescribing medications to show their efficacy. There is no way of telling if the chronic usage of Adderall is providing any functional improvements with this patient. Therefore this medication is not medically necessary and appropriate.