

<b>Case Number:</b>	CM14-0026793		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/31/2000
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 49-year-old male with a date of injury on 5/31/2000. The subjective complaints are of chronic low back and lower extremity pain, and daytime sleepiness due to side effects from the pain medications. A physical exam shows normal mental status, and tenderness and decreased range of motion of the lumbar spine. Prior treats have included medications, physical therapy, and interventional blocks. Medications include Nucynta ER 100mg twice a day, Adderall 20mg daily, omeprazole, nortriptyline, Norco 10/325mg every four (4) hours, and Lexapro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDERALL XR 20MG #30 (30 DAY SUPPLY): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, PROVIGIL/STIMULANTS; AND THE FOOD AND DRUG ADMINISTRATION (FDA) INFORMATION: PROVIGIL (WWW.DRUGS.COM).

**Decision rationale:** The Official Disability Guidelines do not recommend stimulants solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. The FDA prescribing information indicates that Adderall can be used for narcolepsy and attention deficit disorder. The submitted documentation does not present any objective findings that patient has narcolepsy. Rather, office notes suggest the lethargy was a side effect from pain medications. Therefore, the medical necessity of Adderall is not established.