

Case Number:	CM14-0042301		
Date Assigned:	06/30/2014	Date of Injury:	04/01/2009
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 Nevada. 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 45-year-old male who was reportedly injured on April 1, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 26, 2014, indicated that there were ongoing complaints of neck pain, chest wall pain and thoracic region pain. The physical examination demonstrated a decrease in cervical spine range of motion, a decrease in shoulder range of motion with normal motor and sensory evaluation. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, physical therapy, injections, Botox injections and conservative care. A request was made for Adderall and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adderall Prescribing Information Professional Monograph.

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: Heal DJ, Smith SL, Gosden J, Nutt DJ (June 2013). "Amphetamine, past and present - a pharmacological and clinical perspective". J. Psychopharmacol. 27 (6): 479-496.

Decision rationale: The records for review did not indicate that the injured worker has an attention deficit disorder or narcolepsy; the only 2 indications for this medication. In fact, there was difficulty with sleep, as the injured employee woke up during the night. Therefore, based on the clinical records reviewed and noting the parameters outlined, there was no clear clinical indication for this stimulus medication when noting that the sleep was disturbed, pain was not improved, and there was nothing in the narrative excluding why this medication was being prescribed. As such, this request is not medically necessary.