

Case Number:	CM14-0067387		
Date Assigned:	07/11/2014	Date of Injury:	01/22/2013
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 records presented for review indicate that this 45 year old gentleman was reportedly injured on January 22, 2013. The mechanism of injury is listed as lifting a 300 pound patient. The most recent progress note, dated March 20, 2014, indicates that there are ongoing complaints of bilateral shoulder pain and right knee pain. The physical examination decreased range of motion of the left and right shoulders. There was a positive cross party test speed's test O'Brien's test and a mildly positive Hawkins test. Right shoulder surgery for a superior labrum anterior and posterior (SLAP) repair was discussed. Diagnostic imaging studies of the left shoulder revealed acromioclavicular joint (AC) joint degeneration, rotator cuff tendinopathy and wear of the labrum. An MRI the right shoulder indicated a suspect SLAP tear, an inferior para labral cyst, chondral loss in the glenohumeral joint, as well as rotator cuff tendinopathy. Previous treatment was not discussed. A request was made for Adderall and Pristiq and was not certified in the preauthorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/adderall.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>.

Decision rationale: Adderall is a medication intended to treat attention deficit hyperactivity disorder. A review of the medical records does not indicate that the injured employee has this diagnosis. Considering this, the request for Adderall is not medically necessary.

Pristiq 100mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: A review of the attach medical record indicates that the injured employee has a diagnosis of depression. Considering this, this request for Pristiq is medically necessary.