MAXIMUS Federal Services

Case Number:	CM14-0016903		
Date Assigned:	06/11/2014	Date of Injury:	08/20/2012
Decision Date:	01/29/2015	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/10/2014

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 underlying date of injury in this case is 08/20/2012. The date of the initial utilization review under appeal is 02/07/2014. On 12/16/2013, the patient was seen in primary orthopedic physician followup regarding lumbar spondylosis, left sciatica with lumbar disc disease, knee osteoarthritis, status post knee surgery, weight gain, elevated blood pressure, depression, and sexual dysfunction. Treatment recommendations includeed acupuncture, spinal decompression therapy, and medications which included tramadol for pain, Flexeril for muscle spasms, and Prilosec to protect the stomach. A urology consultation was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amphetamine CAP 20mg ER day supply: 30 Quantity: 30 refills: 00: 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 FDA Approved Labeling Information for amphetamine.

Decision rationale: FDA approved labeling information recommends amphetamine as an ingredient in Adderall, which is used to treat attention-deficit hyperactivity disorder. That is not a diagnosis in this case, nor is there another identified diagnosis or clinical rationale for this

medication in the treatment notes. Therefore, at this time it is not possible to identify the rationale for this request for the diagnosis for which it has been requested or the clinical reasoning otherwise for which this may have been requested. For these reasons, this request is not medically necessary.