

<b>Case Number:</b>	CM14-0202409		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Practice and is licensed to practice in North Carolina. 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 61-year-old with a reported injury date of 11/29/2006. The patient has the diagnoses of major depression, adjustment disorder with anxiety, psychoactive substance abuse NOS, chronic pain syndrome, sexual dysfunction, attention deficit disorder osteoarthritis of the knee, status post TKA, torn meniscus and bursitis. Per the progress notes from the requesting physician dated 08/18/2014, the patient continued to be active as a part-time teacher. The patient's ADD medication was refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Focalin 10 mg #60:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference.

**Decision rationale:** The California MTUS, ACOEM and the ODG do not specifically address the requested medication. Per the physician desk reference, Focalin is a central nervous stimulant that is FDA approved for the treatment of attention deficit disorder. This patient has had a

psychiatric QME that has established the diagnosis of attention deficit disorder. The patient has had not reported side-effects from the medication and positive reported efficacy. Therefore medical necessity has been established and the medication is certified.