

<b>Case Number:</b>	CM14-0063635		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/14/2002
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: North Carolina Certification(s)/Specialty: Family Practice

### 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 38 year old, male who sustained a work related injury on 10/14/02. The diagnoses have included major depression and anxiety disorder. The treatment has included medication. In the PR-2 dated 4/17/14, the injured worker has improved mood. The treatment plan is a prescription for Adderall.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Adderall 20 mg # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of narcolepsy in adults - 2006 Oct (revised 2011); NGC: 008774 European Federation of Neurological Societies, Medical Specialty Society.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, adderall.

**Decision rationale:** The California MTUS, ACOEM and the ODG do not specifically address the requested service. Per the physician desk reference, the requested medication is a stimulant medication indicated in the treatment of attention deficit disorder. The medication was prescribed for daytime sleepiness caused by poor sleep due to pain. This is not a FDA indication for the medication and therefore the request is not certified.