

Case Number:	CM15-0007124		
Date Assigned:	01/26/2015	Date of Injury:	04/01/2009
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male patient, who sustained an industrial injury on 04/01/2009. A QME evaluation dated 11/11/2014 reported a periodic review and request for authorization under the following diagnoses, nondisplace rib fractures involving the right 2nd, 3rd, 4th, 5th and 6th ribs along the anterolateral margins, mild post concussion syndrome, minor ehad injury, post-traumatic stress disorder and mild amnesia improving, but with delayed response and impaired concentration, cervical strain, chronic pain, myofascial tension in the thoracic region and migraine headaches, sleep dysfunction, gastro-intestinal symptom secondary to analgesia, deconditioning due to prolonged pain and redression related to chronic pain. He noted signing a opiate contract on 10/07/2013. His activities of daily living continue to remain limited secondary to chronic pain. He also continues to participate in home exercise program. The patient is limited with the following restrictions; able to carry up to 20 pounds, is able to work below shoulder height and is limited from operating machinery for more than one hour in duration. He is also limited from prolonged sitting and frequent bending. On 12/30/2014 Utilization Review non-certified the request for Addenall Sodium tablets, noting the United States National Libraty of Medicine website was cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall tab/salts 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library and Medicine, FDA Website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#why>

Decision rationale: Per the 12/16/14 report the patient diagnoses include: Sleep dysfunction due to pain mildly improved, controlled. The current request is for ADDERALL TAB SALTS 10 mg #30 per the 11/11/14 RFA. Recent reports do not state if the patient is working. MTUS or ODG guidelines do not address Adderall. National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#why> states this medication is used as part of a treatment program to control symptoms of ADHD. NIH further states, "The combination of dextroamphetamine and amphetamine should not be used to treat excessive tiredness that is not caused by narcolepsy." AETNA guidelines require a diagnosis of ADHD or Narcolepsy AND trial of a generic amphetamine. The 11/11/14 RFA states regarding this request, "day time drowsiness due to impaired REM sleep and persistent disruptions from chronic pain." In this case, the patient does not have a diagnosis of ADHD or narcolepsy, and available guidelines state the medication should not be used to treat tiredness that is not caused by narcolepsy. The request IS NOT medically necessary.