

Case Number:	CM15-0019337		
Date Assigned:	02/09/2015	Date of Injury:	07/18/2010
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona

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 54-year-old male who reported an injury on 07/18/2010. The mechanism of injury was being struck by a car while at work. His diagnoses included closed head injury, cervical sprain, post traumatic cervical occipital headaches, right hand/wrist fracture with pins, right ulnar collateral ligament tear, upper back strain, lumbar sprain, reactive anxiety and depression status post left shoulder SLAP repair, subacromial decompression, and distal clavicle resection, and right shoulder sprain. His surgical history included percutaneous pinning of the right thumb fracture, removal of hardware from thumb fracture, left shoulder arthroscopy in 12/2010, and ulnar collateral ligament repair of the right thumb metacarpophalangeal joint on 05/20/2011. His medications included tramadol, orphenadrine, Cymbalta, omeprazole, Adderall, and ibuprofen. It was documented that the injured worker had complaints of ongoing upper back, neck, cervical occipital headaches, low back pain, right hand and wrist pain. He had pain with pushing, pulling, and reaching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall ER 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil (Nuvigil).

Decision rationale: The request for Adderall ER 20mg #90 is not medically necessary. The California MTUS/ACOEM Guidelines and The Official Disability Guidelines do not address Adderall, however, this medication is classified as a stimulant and The Official Disability Guidelines do address Armodafinil (Nuvigil) which is also classified as a stimulant. The Official Disability Guidelines state it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. There is a lack of documentation regarding excessive sedation. The request does not include dosing instructions. The request for Adderall ER 20mg #90 is not medically necessary.