

Case Number:	CM15-0130747		
Date Assigned:	07/17/2015	Date of Injury:	06/15/2001
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, California
 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 (IW) is a 43-year-old male who sustained an industrial injury on 06/15/2001. Diagnoses include major depression. Treatment to date has included medication and psychotherapy. According to the progress notes dated 6/4/15, the IW reported feeling less depressed since Zoloft was increased. He denied suicidal and homicidal ideation. On examination, his mood was slightly depressed and affect was constricted. He was anxious and complained of impaired concentration and sleep disturbance. Medications included Zoloft, Ambien, Adderal, Norco, Viagra, Detrol and Miralax. A request was made for Amphetamine tab 20mg, #180 (30-day supply) with 0 refills for treatment of depressive symptoms due to the efficacy of the medication for the IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amphetamine tab 20mg Day Supply: 30, QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, amphetamines (<http://www.drugs.com/pro/adderall.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter and pg 17.

Decision rationale: According to the guidelines, SSRIs are 1st line treatment for depression. The claimant was on an SSRI, Zoloft, for depression, Stimulants such as Amphetamine are indicated for ADHD rather than 1st line for depression. In this case, the use of Amphetamines (Adderal) was not substantiated. Clinical response was not identified. The Amphetamine request is not medically necessary.