

<b>Case Number:</b>	CM15-0133631		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Emergency Medicine

### 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 73 year old male, who sustained an industrial injury on 5/28/12. He reported instant shoulder and back pain after falling from a roof. The injured worker was diagnosed as having rib fractures, back compression fracture, right shoulder fracture and right rotator cuff tear. Treatment to date has included back brace, oral medication including Opana, Naproxyn, Norco, Omeprazole, Gabapentin, Vitamin D and Adderall, physical therapy, epidural steroid injections and activity restrictions. Currently on 5/14/15, the injured worker complains of constant low back pain rated 4/10. In the past month, he has rated the pain 2-8/10. Physical exam performed on 5/14/15 revealed tenderness, low back pain and withdrawal symptoms. The treatment plan included prescriptions for Opana ER 20mg, Norco 10/325mg, Naprosyn 500mg, Omeprazole 40mg, Gabapentin 300mg, Adderall 10mg and Vitamin D 500mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall 10mg #60:** Upheld

**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 <http://www.webmd.com/drugs/2/drug-63163/adderall-oral/details>.

**Decision rationale:** The requested Adderall 10mg #60, is not medically necessary. CA MTUS and ODG are silent on this stimulant medication. <http://www.webmd.com/drugs/2/drug-63163/adderall-oral/details> noted that this stimulant is used to counter balance excessive sleepiness. The injured worker has tenderness, low back pain and withdrawal symptoms. The treating physician has not documented the medical necessity for this stimulant medication versus reducing sleep inducing medications. The criteria noted above not having been met, Adderall 10mg #60 is not medically necessary.

**Vitamin D 5000mg #30:** Upheld

**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 Official Disability Guidelines (ODG) Pain, Vitamin D.

**Decision rationale:** The requested Vitamin D 5000mg #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain, Vitamin D note that it is recommend consideration in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers' compensation condition, and does not recommend such supplements as showing any meaningful benefits in the treatment of chronic pain and only considers potential use with documented, detailed proof of vitamin deficiencies. The injured worker has tenderness, low back pain and withdrawal symptoms. The treating physician has not documented evidence of vitamin deficiencies. The criteria noted above not having been met, Vitamin D 5000mg #30 is not medically necessary.