

<b>Case Number:</b>	CM15-0143230		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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:

This is a 40 year old female with a July 12, 2013 date of injury. A progress note dated June 18, 2015 documents subjective complaints (has a headache developing today; Maxalt is helpful; headaches occur twice each week; Adderall seems to be helpful with concentration), objective findings (alert and conversant with no negative effects of medications today; no change in ambulation; ingested Maxalt in office; generally status quo), and current diagnoses (chronic headaches; fatigue; tremor). Treatments to date have included medications and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included 30 capsules of Amphetamine 5mg extended release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 capsules of Amphetamine 5mg extended release: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, [www.pdr.net/drug-summary/adderal?druglabelid=1048](http://www.pdr.net/drug-summary/adderal?druglabelid=1048).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, amphetamine 5mg extended release.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of attention deficit disorder. The patient does not have the diagnosis of ADD as related to industrial incident. Therefore, the request is not certified.