

Case Number:	CM15-0201578		
Date Assigned:	10/16/2015	Date of Injury:	11/09/2011
Decision Date:	11/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female with an industrial injury date of 11-09-2011. Medical record review indicates she is being treated for depression, cervical disc disease status post cervical spinal surgery, closed head injury, post-concussion syndrome, post-concussion migraines and history of temporomandibular joint syndrome. She presents on 06-23-2015 for follow up. The treating physician documented her affect was appropriate, mood was depressed, she was calm, speech was normal and she was coherent. The treating physician also documented thought pattern, language and knowledge were within normal limits, judgment and attention were intact, mental status and memory were intact. Her medications were listed as Zaleplon, Donepezil and Adderall. Prior record review (04-20-2015 - neurological treating physician's progress report) noted the injured worker "continues to be irritable with a short fuse." She was also complaining of migraine, vertigo and neck pain rated as 8 out of 10. Her medications (04- 20-2015) are documented as Levothyroxine, Lamotrigine, Amitriptyline, Benazepril, occasional Cyclobenzaprine, Clonazepam and Hydrocodone. Imitrex was requested on 04-30-2015. On 10- 05-2015 the request for Adderall 5 mg # 30 with one refill was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 5 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0008973/?report=details].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adderal label; http://pi.shirecontent.com/PI/PDFs/AdderallXR_USA_ENG.PDF.

Decision rationale: MTUS and ODG are silent on this topic, but the above cited resources says: "Adderall is indicated for the treatment of attention deficit hyperactivity disorder (ADHD). The efficacy of ADDERALL in the treatment of ADHD was established on the basis of two controlled trials in children aged 6 to 12, one controlled trial in adolescents aged 13 to 17, and one controlled trial in adults who met DSM-IV criteria for ADHD [see Clinical Studies (14)]. A diagnosis of ADHD (DSM-IV) implies the presence of hyperactive-impulsive or inattentive symptoms that caused impairment and were present before age 7 years. The symptoms must cause clinically significant impairment, e.g., in social, academic, or occupational functioning, and be present in two or more settings, e.g., school (or work) and at home. The symptoms must not be better accounted for by another mental disorder. For the Inattentive Type, at least six of the following symptoms must have persisted for at least 6 months: lack of attention to details/careless mistakes; lack of sustained attention; poor listener; failure to follow through on tasks; poor organization; avoids tasks requiring sustained mental effort; loses things; easily distracted; forgetful. For the Hyperactive-Impulsive Type, at least six of the following symptoms must have persisted for at least 6 months: fidgeting/squirming; leaving seat; inappropriate running/climbing; difficulty with quiet activities; on the go; excessive talking; blurting answers; can't wait turn; intrusive. The Combined Type requires both inattentive and hyperactive-impulsive criteria to be met. Special Diagnostic Considerations specific etiology of this syndrome is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources. Learning may or may not be impaired. The diagnosis must be based upon a complete history and evaluation of the patient and not solely on the presence of the required number of DSM-IV characteristics. Need for Comprehensive Treatment Program Adderall is indicated as an integral part of a total treatment program for ADHD that may include other measures (psychological, educational, social) for patients with this syndrome. Drug treatment may not be indicated for all patients with this syndrome. Stimulants are not intended for use in the patient who exhibits symptoms secondary to environmental factors and/or other primary psychiatric disorders, including psychosis. Appropriate educational placement is essential and psychosocial intervention is often helpful. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms. Long-Term Use the effectiveness of Adderall for long-term use, i.e., for more than 3 weeks in children and 4 weeks in adolescents and adults, has not been systematically evaluated in controlled trials. Therefore, the physician who elects to use Adderall XR for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient." The employee does not have a diagnosis of ADHD. There is no other medical documentation indicating why the medication is needed. Therefore, the request is not medically necessary.