

<b>Case Number:</b>	CM150202921		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female who sustained an industrial injury on 51512. The medical records indicate that the injured worker is being treated for posttraumatic right shoulder, left shoulder, right elbow, left elbow pain; status post surgery, right shoulder (2011); status post left elbow surgery (12214). She currently (9815) complains of severe left shoulder pain with a pain level of 10 out of 10 at times. She had an MRI done under anesthesia and she was on her left shoulder. The left shoulder pain is causing her to lose sleep. On physical exam there was tenderness of the right and left shoulders and right and left elbows with painful movement. She has undergone an MRI of the left shoulder (8315). Treatments to date include physical therapy; medication: tramadol, Nexium, amitriptyline, Zoloft, Norco. In the 9815, progress note the treating provider gave the injured worker a prescription for naloxone with instructions for use. The request for authorization was not present. On 92315 Utilization Review noncertified the request for naloxone 0.4mg #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall tab 10 mg Qty 50 with 0 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on NonMTUS Citation URL: [www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000166] Dextroamphetamine and Amphetamine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on NonMTUS Citation <http://www.uptodate.com/adderall> monograph; Clinical manifestations and diagnosis of fibromyalgia in adults.

**Decision rationale:** Uptodate monograph Brand Names: US Adderall; Adderall XR Brand Names: Canada Adderall XR Pharmacologic Category Central Nervous System Stimulant Dosing: Adult Note: Use lowest effective individualized dose; administer first dose as soon as awake. ADHD: Oral: Adderall: Initial: 5 mg once or twice daily; increase daily dose in 5 mg increments at weekly intervals until optimal response is obtained; usual maximum dose: 40 mg daily given in 1 to 3 divided doses per day. Use intervals of 4 to 6 hours between additional doses. Adderall XR: Initial: 20 mg once daily in the morning; higher doses (up to 60 mg once daily) have been evaluated; however, there is not adequate evidence that higher doses afforded additional benefit. The [REDACTED] labeling recommends a maximum dose of 30 mg/day. Conversion from immediate release to extended release formulation: Patients may be switched from the immediate release formulation to the extended release formulation using the same total daily dose once daily. Narcolepsy: Adderall: Oral: Initial: 10 mg daily; increase daily dose in 10 mg increments at weekly intervals until optimal response is obtained; maximum dose: 60 mg daily given in 1 to 3 divided doses per day with intervals of 4 to 6 hours between doses. UP TO DATE Fibromyalgia. SUMMARY AND RECOMMENDATIONS Fibromyalgia (FM) is characterized by widespread musculoskeletal pain and fatigue, often accompanied by cognitive and psychiatric disturbances. Physical examination reveals tenderness in multiple soft tissue anatomic locations. Laboratory testing is normal in the absence of other illnesses (table 1). (See 'Clinical manifestations' above.) We diagnose FM in patients who present with chronic myalgias and arthralgias but no evidence of joint or muscle inflammation on physical examination or laboratory testing that would explain the symptoms and findings. The physical examination should reveal multiple tender points at specific soft tissue locations (figure 1). In clinical practice, a specific number of tender points are not required to make the diagnosis, and FM may be diagnosed without a specific tender point evaluation. (See 'Diagnosis' above and 'Clinical diagnosis' above.) Testing should be kept to a minimum, since there are no diagnostic laboratory tests for FM. We advise obtaining a complete blood count (CBC) and testing for an acute phase reactant, such as the erythrocyte sedimentation rate (ESR) or Creactive protein (CRP), to exclude systemic inflammatory disease. Additional laboratory testing should be based upon clinical suspicion of a specific disorder, such as a thyroidstimulating hormone test or a creatine kinase, if hypothyroidism or inflammatory myopathy are suspected, respectively. (See 'Diagnostic evaluation' above.) Additional evaluation should be considered for associated conditions if clinically suspected, including sleep disorders, such as obstructive sleep apnea or restless legs syndrome, and psychiatric disorders, such as depression or anxiety. (See 'Additional evaluation' above.) FM may coexist with other disorders, such as other functional somatic syndromes (eg, irritable bowel syndrome [IBS] and chronic headache), sleep and psychiatric disorders, inflammatory rheumatic disease syndromes, and noninflammatory musculoskeletal pain. It is important to identify whether these conditions are present in patients with FM because of the treatment implications. (See 'Coexisting disorders' above.) Adderall is not FDA approved

for the treatment of fibromyalgia or chronic pain. In addition up to date evidence based guidelines do not recommend the use of stimulants for fibromyalgia. As such, the request for Adderall tab 10 mg Qty 50 with 0 refills is not medically necessary.