

<b>Case Number:</b>	CM15-0212299		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 12-11-2007. Diagnoses include myalgia and myositis, lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, cervical spondylosis, and cervical disc displacement, status post cervical fusion, and status post lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, trigger point injections. The records indicated a long history of chronic neck and low back pain, as well as oral surgery with bone grafts with requests to halt weaning of pain medication until completion of oral surgery in July 2015. Prescribed medications included Oxycodone HCL, Percocet, Dexadrine Apansule, Valium, Xanax, Fioricet, and OxyContin since at least 4-1-15. The records indicated Adderall 10mg, up to five tablets daily was ordered from 4-29-15 and increased on 8-5-15 to Adderall 10mg six tablets daily #180. On 8-31-15, the record documented "She has a history of early refills." and Adderall 10mg #35 tablets were ordered with direction to obtain a new pain management specialist. On 9-16-15, 9-29-15, and 10-13-15, the primary provider ordered Adderall 10mg, two tablets three times daily #50. The records submitted for this review did not document subjective or objective data regarding daytime sleepiness, depression, hyperactivity, or the effectiveness of Adderall regarding decreased pain or increased functional ability. The appeal requested authorization for Adderall 10mg tablets #50 for 30 days. The Utilization Review dated 10-15-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall tablet 10mg #50 for 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, adderall.

**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 these diagnoses due to industrial incident. Therefore the request is not medically necessary.