

Case Number:	CM15-0212384		
Date Assigned:	11/02/2015	Date of Injury:	08/30/2010
Decision Date:	12/14/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old male, who sustained an industrial injury on 8-30-2010. The injured worker was being treated for posttraumatic stress disorder and anxiety. Treatment to date has included diagnostics, mental health treatment, and medications. On 9-01-2015, the injured worker complains of having "a rough month". He reported a "new generic form of Adderall that made him nauseous and it had no beneficial effects". He reported being off the medication (Adderall) for the first week in August, feeling "like a zombie". He reported the he experienced decline in memory, significant fatigue, cognitive dulling and confusion, and mood drops while off Adderall. The use of Adderall was noted since at least 10-2013. He reported walking 3-5 miles a day, not playing chess as much, "fair" energy, "up at 3am majority of nights, at times falls back asleep at 7am others up for the remainder of the night and day", headaches, knee and neck pain, and frequent urination. Current medication use included Gabapentin (not approved by insurance), Adderall 20mg in the morning and 10mg in the pm, Xanax, Viagra, Inderal (none in the interval), Prilosec, and Tylenol. Multiple supplements were noted. He also had Vicodin through personal insurance for occasional knee pain. No side effects were reported. Mental status exam noted "frustrated" mood. He was pleasant and cooperative with intact cognition. The treating provider noted a drop in his Global Assessment of Functioning score by more than 5-6 points from his baseline when off Adderall. He was prescribed Adderall 20mg (one in the morning and one half in the pm). He was to continue herbal supplement for sleep. His work status was not noted. Sleep study reports were not submitted. On 10-07-2015 Utilization Review modified a request to Adderall 20mg #30 (original request #45).

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 20mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/adderall?druglabelid=1048&id=3391>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/adderall.

Decision rationale: This 48 year old male has complained of anxiety and post traumatic stress disorder since date of injury 8/30/2010. He has been treated with mental health counseling and medications. The current request is for Adderall, a medication used to treat attention deficit hyperactivity disorder and narcolepsy. The available medical records do not contain documentation of either of these diagnoses nor is there documentation of subjective and objective findings that could support these diagnoses. On the basis of the available medical records and per the guidelines cited above, Adderall is not indicated as medically necessary.