

<b>Case Number:</b>	CM15-0215104		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 28 year old male, who sustained an industrial injury on 2-5-13. He reported right knee pain. The injured worker was diagnosed as having opioid dependence, bipolar disorder, and attention-deficit hyperactivity disorder. Treatment to date has included psychotherapy, physical therapy, a home exercise program, a functional restoration program, and medication including Oxycodone, Methadone, Neurontin, and Adderall. The injured worker had been taking Adderall since at least September 2015. On 9-22-15, the injured worker complained of right knee pain. On 9-23-15 the treating physician requested authorization for Adderall 20mg #30. On 9-30-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall 20mg #30 (1 tab po q daily 30 day supply): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Society of Health-System Pharmacists, Inc. "Dextroamphetamine and Amphetamine; Medline Plus Drug Information." U.S. National Library of medicine. U.S. National Library of Medicine, 1 Aug. 2010. Web. 30 Sept. 2015.

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

**Decision rationale:** The requested Adderall 20mg #30 (1 tab po q daily 30 day supply) is not medically necessary. CA MTUS and ODG are silent and <http://www.drugs.com/adderall.html> does not recommend amphetamine stimulants versus reducing opiates and related medications that cause somnolence. The injured worker has opioid dependence, bipolar disorder, and attention-deficit hyperactivity disorder. Treatment to date has included psychotherapy, physical therapy, a home exercise program, a functional restoration program, and medication including Oxycodone, Methadone, Neurontin, and Adderall. The injured worker had been taking Adderall since at least September 2015. The treating physician has not documented the medical necessity for this stimulant instead of reducing somnolence producing drugs, nor objective evidence of functional improvement from its previous use. The criteria noted above not having been met, Adderall 20mg #30 (1 tab po q daily 30 day supply) is not medically necessary.