

Case Number:	CM15-0216222		
Date Assigned:	11/05/2015	Date of Injury:	02/20/2001
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/03/2015

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:

This is a 65 year old female with a date of injury on 2-20-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 9-15-15 reports continued complaints of severe lower back pain that shoots down the right leg with burning sensation. She states she cannot function without medications. The pain is rated 8 out of 10 with medication and 4 out of 10 with medication. She has a 50 percent reduction in pain and improved function with pain medication. She reports the pain medication causes sedation and would like to go back on Adderall. Objective findings: back exam reveals spasm, she can't stand up straight, decreased range of motion, 4 out of 5 weakness in left thigh flexion and knee extension. Urine drug screens have been appropriate. According to the medical records she has been taking Cymbalta since at least 2012. Request for authorization was made for Cymbalta 60 mg quantity 30 and Adderall 30 mg quantity 30. Utilization review dated 9-29-15 modified the request to certify Cymbalta 60 mg quantity 20 and non-certified Adderall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic: Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-63163/adderall-oral/details>.

Decision rationale: The requested Adderall 30mg #30 is not medically necessary. CA MTUS and ODG are silent on this issue. <http://www.webmd.com/drugs/2/drug-63163/adderall-oral/details> do not recommend the use of this stimulant versus reducing medications that produce somnolence. The injured worker reports the pain medication causes sedation and would like to go back on Adderall. Objective findings: back exam reveals spasm, she can't stand up straight, decreased range of motion, 4 out of 5 weakness in left thigh flexion and knee extension. The treating physician has not documented the medical necessity for this stimulant versus reducing sedation producing medications. The criteria noted above not having been met, Adderall 30mg #30 is not medically necessary.