

<b>Case Number:</b>	CM15-0221148		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 50 year old female who sustained an industrial injury on April 19, 2004. The worker is being treated for: neck pain, migraines, bilateral hand and wrist pain. Subjective: April 02, 2015 spine follow-up she reported complaint of neck, right shoulder radiating down right arm and bilateral wrist pains. June 2015 she reported complaint of experiencing numbness and tingling in her arms, muscle spasms, myofascial pain, depression and anxiety. Objective: June 2015 noted the worked appeared anxious, no appearing overmedicated, mild paraspinal muscle tenderness and bilateral upper trapezius muscle tenderness with diffuse weakness, diminished sensation to the upper extremities. Diagnostic: EMG study right upper extremity 2008; UDS November 2014 noted no prescribed medications detected. Medication: March 2015, April 2015, July 2015, September 2015: Percocet, Flexeril, Sumatriptan, Duexis, and Lidoderm. June 2015, also noted at psychiatric evaluation July 2015 taking the following medication: Percocet, Flexeril, Duexis, Imitrex, Venlafaxine, Lorazepam, and Lamotrigine. October 12, 2015: Percocet, Flexeril, Sumatriptan, Lidoderm patches, Duexis, Voltaren gel, Clonazepam, Venlafaxine, and Lamotrigine. Treatment: October 13, 2015 noted FRP 25 hours completed out of 160 hours; CTS release times two left and once on right; ESIs cervical 2001, and 2012 noted with 50 to 60 % improvement for duration of one month each administration; right subacromial injection 2012 noted without response; discogram 2014, ACDF 2014; medications, TENS, psychological care, and noted benefit from previous use of Adderall. June 2015: administered IM injection of Toradol, July 2015 prescribed CESI. On October 13, 2015 a request was made for Amphetamine tablet 20mg #60 that was noncertified by Utilization Review on October 20, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Amphetamine tab 20mg #60 Rx date: 10/13/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181580/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation FDA and National Guideline Clearinghouse, Use of Adderall for Attention-deficit hyperactivity disorder (ADHD), narcolepsy, traumatic brain disorder.

**Decision rationale:** Guidelines have no specific recommendation for an amphetamine, but does list amphetamine under Opiates, Dependence and Addiction, as a serious substance for misuse along with cocaine. FDA and manufacturer list amphetamine containing medications like Adderall in the treatment option for diagnoses of Attention-Deficit Hyperactivity Disorder (ADHD) and Narcolepsy, not documented here. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or ADLs limitations for use of amphetamines in the patient's listed diagnoses. The Amphetamine tab 20mg #60 Rx date: 10/13/2015 is not medically necessary and appropriate.