

<b>Case Number:</b>	CM15-0032090		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	03/26/1987
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Arizona, California

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 64 year old male, who sustained an industrial injury on 3/26/87. He has reported neck and left shoulder injury. The diagnoses have included depressive disorder, cervicgia, degenerative disc disease, chronic low back pain and lumbar radiculopathy. Treatment to date has included cervical fusion, lumbar surgery times 3, epidural steroid injections and interventional pain management. Currently, the injured worker complains of being depressed and in pain. Progress note dated 1/20/15 noted the injured had a depressed mood and it is noted the rapid decrease in his medications is not helping. Physical exam noted palpation and tenderness of lumbar/sacral area, decreased range of motion and stiffness/ tenderness of trapezial and levator scapula area and markedly limited strength in upper and lower extremities. On 1/23/15 Utilization Review non-certified Dexedrine 5mg 3 at lunch, noting it is mainly used in the treatment of ADHD and narcolepsy, it is unclear how all the opioid medications are appropriate and there must be a plan to significantly wean down the opioids. Non-MTUS, ACOEM Guidelines, was cited. On 2/20/15, the injured worker submitted an application for IMR for review of Dexedrine 5mg 3 at lunch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexedrine 5 mg, 3 QAM, 3 Q lunch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weafer J, de Wit H. Drug Alcohol Depend. 2013 Nov 1;133(1):127-33. ODG and Mental- anti-depressant medication and pg 18.

**Decision rationale:** According to the guidelines and reference above, Dexedrine is commonly used and indicated for ADHD. The guidelines recommend tricyclics or SSRI for depression rather than a stimulant such as Dexedrine. In addition, the claimant was managed with Lexapro and Cymbalta. Thorough assessment and progress with symptoms were not provided. The use of Dexedrine is not substantiated and therefore not medically necessary.