

<b>Case Number:</b>	CM15-0048185		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 47-year-old female patient, who sustained an industrial injury on 06/25/2009. A primary treating office visit dated 02/24/2015, reported subjective complaint of continued with difficulties from a resistant organism infection, Clostridium Difficile. She has been experiencing panic attacks, and depression. She stated that she does not feel the medication Remeron has helped; her husband feels she is behaving differently. She also uses Xanax consistently with note of possible changing to Klonopin. Current medications are: Buspar, Adderall and Neurontin 1200mg. She has not been able to back to therapy as it has been denied. The impression noted major depression, single episode, moderate. Generalized anxiety disorder. Posttraumatic stress disorder. Bipolar disorder by history. Pain disorder associated with both psychological factors and a general medical condition. The plan of care involved: decreasing Remeron back to 30mg every evening. Continue Neurontin 1200mg twice daily. Discontinue Xanax. Start Klonopin 2mg twice daily. Continue with Buspar and Adderall. Recommending continuing with therapy. She will continue with temporarily totally disabled. She is to remain off work indefinitely. Follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall 15mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Drug Summary - Adderall.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FDA.gov: ADDERALL<sup>1/2</sup> (amphetamine, dextroamphetamine mixed salts).

**Decision rationale:** Per FDA, ADDERALL (amphetamine, dextroamphetamine mixed salts) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker has been given diagnosis of major depression, single episode, moderate, generalized anxiety disorder. Post-traumatic stress disorder, Bipolar disorder by history, Pain disorder associated with both psychological factors and a general medical condition. The injured worker does have the diagnosis of ADHD or narcolepsy. The use of adderall in this case seems to be "off label". Thus, the request is not medically necessary at this time.