

Case Number:	CM15-0058211		
Date Assigned:	04/03/2015	Date of Injury:	11/30/2014
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 34 year old male, who sustained an industrial injury on 11/30/14. He reported headaches, neck pain, dizziness, and back pain. The injured worker was diagnosed as having post-traumatic brain/traumatic brain injury and post-concussion syndrome. Treatment to date has included the medication Topamax. A computed tomography scan of the head performed on 12/7/14 was noted to be negative. An electroencephalogram performed on 1/1/15 was normal. A MRI of the brain performed on 1/17/13 was noted to have revealed no acute abnormalities. Currently, the injured worker complains of headaches and concentration problems. The treating physician requested authorization for Adderall. The treating physician noted an Adderall trial was needed to assist with focus and concentration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com and Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html>.

Decision rationale: Pursuant to the MEDLINEplus, Adderall is not medically necessary. Adderall contains a combination of amphetamine and dextroamphetamine. Amphetamine and dextroamphetamine are central nervous system stimulants that affect chemicals in the brain that contribute to hyperactivity and impulse control and is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD). In this case, the injured worker's working diagnoses are postconcussion syndrome; and post traumatic brain injury. The MRI of the brain was normal. An EEG was performed that was normal. A progress note dated March 27, 2015 show the injured worker had a normal mental status examination with a normal motor and sensory examination. The injured worker sustained an injury to the head. Current medications include Topamax, ibuprofen and Norco. The treating physician recommended Adderall 5 mg in the morning to assist with focus and concentration. Adderall is recommended to treat narcolepsy and attention deficit hyperactivity disorder. The injured worker did not possess narcolepsy or attention deficit hyperactivity disorder. There was no clinical indication in the medical record for Adderall. Consequently, absent clinical documentation with an appropriate clinical indication according to the recommended peer-reviewed evidence-based guidelines, Adderall is not medically necessary.