

Case Number:	CM15-0058218		
Date Assigned:	04/03/2015	Date of Injury:	12/31/1998
Decision Date:	06/02/2015	UR Denial Date:	02/24/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck pain, low back pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of December 31, 1998. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve a request for Adderall. The claims administrator referenced a RFA form received on February 13, 2015 in its determination. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported ongoing complaints of neck and low back pain status post earlier cervical and lumbar spine surgeries. Norco, tramadol, Neurontin, and permanent restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. In a RFA form dated February 13, 2015, office visit, psychological testing, Abilify, Pristiq, and Adderall were sought. In an associated progress note dated January 30, 2015, the applicant reported issues with social isolation, insomnia, agitation, anxiety, restlessness, depression, and sedation. The attending provider suggested that the applicant continue Abilify, Pristiq, Adderall, and Valium. The attending provider suggested that the applicant try and reduce Valium. Individual psychotherapy was sought, as was psychological testing. The applicant was not working, it was acknowledged. The note was quite difficult to follow. It was acknowledged that the request for Adderall appeared to represent a renewal request. The applicant's operating diagnosis was major depressive disorder (MDD). In another section of the note, the attending provider stated that Adderall had allegedly been given for ADHD but that he suspected that the applicant had continued Adderall for the purposes of overcoming opioid-induced sedation. The attending

provider then stated that the applicant nevertheless remained quite sedated as a result of ongoing medication consumption and was, at times, prone to sleeping up to 12 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 30mg #60 with 3 month refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Mental Illness & Stress - Desvenlafaxine (Pristiq); Aripiprazole (Abilify), Physicians' Desk Reference (PDR), 68th Edition, 2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration ADDERALL XR, a CNS stimulant, is indicated for the treatment of attention deficit hyperactivity disorder (ADHD). (1) Children (ages 6-12): Efficacy was established in one 3-week outpatient, controlled trial and one analogue classroom, controlled trial in children with ADHD. (14) Adolescents (ages 13-17): Efficacy was established in one 4-week controlled trial in adolescents with ADHD. (14) Adults: Efficacy was established in one 4-week controlled trial in adults with ADHD. (14).

Decision rationale: No, the request for Adderall (amphetamine) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to manage expectations and to ensure proper use. Here, however, the attending provider's January 2015 progress note did not establish a clear or compelling role for continuation of Adderall (amphetamine). Adderall, per the Food and Drug Administration (FDA), is indicated in the treatment of attention deficit hyperactivity disorder (ADHD) in children, adolescents, and adults. Here, however, the attending provider's January 30, 2015 progress note stated that the attending provider himself called into question the alleged diagnosis of attention deficit hyperactivity disorder (ADHD). The attending provider stated that the applicant's operating diagnosis at that point was major depressive disorder (MDD). The attending provider also suggested that it appeared that the applicant was using Adderall for the purposes of combating opioid-induced sedation. It is further noted that ongoing usage of Adderall does not appear to have effectively attenuated symptoms of sedation as the applicant was described as sleeping up to 18 hours a day on January 30, 2015. Continued usage of Adderall, thus, is not indicated in the clinical context present here as (a) Adderall does not appear to have been effective, with the applicant's continuing to sleep 18 hours a day despite ongoing usage of the same and (b) ongoing usage of Adderall for opioid-induced sedation represents a non-FDA labeled role for the same. Therefore, the request is not medically necessary.