

<b>Case Number:</b>	CM14-0140593		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/24/1998
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61-year-old female with an 11/24/98 date of injury. The mechanism of injury was not noted. According to a progress report dated 8/26/14, the patient's Nuvigil was not being authorized by insurance carrier, it was the only medication that helped her to combat her severe chronic fatigue state. She has continued to lose weight. It is noted in a progress report dated 7/16/14 that Adderall helped a lot to counter chronic fatigue associated with fibromyalgia and pain related insomnia; concentration and memory also improved as a result. Objective findings: patient was tearful and had lost 28 pounds since 9/25/13, no other abnormal findings. Diagnostic impression: GERD, post-traumatic left lower extremity neuropathy, fibromyalgia, cervical spine disease w/foraminal stenosis, mid/low back pain/strain, chronic pancreatic, depression with anxiety, excessive daytime sleepiness/fatigue, insomnia. Treatment to date: medication management, activity modification. A UR decision dated 7/29/14 denied the request for Adderall. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall tab 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adult ADHD: Evaluation and Treatment In Family Medicine, Am Fam Physician. 200 Nov 1:62; 2077-2086

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Adderall)

**Decision rationale:** CA MTUS and ODG do not address this issue. According to the FDA, Adderall contains a combination of amphetamine and dextroamphetamine. Adderall is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. However, the patient is taking this for chronic fatigue syndrome, which is not an approved-indication for this medication. There is no diagnosis of ADHD or narcolepsy. Furthermore, the patient is noted to have experienced significant weight loss. Anorexia and weight loss are documented adverse effects of Adderall. Therefore, the request for Adderall tab 10mg #60 was not medically necessary.