

Case Number:	CM14-0029015		
Date Assigned:	06/16/2014	Date of Injury:	12/03/2001
Decision Date:	08/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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:

The injured worker is a 43-year-old female who reported an injury on 12/03/2001 due to an unknown mechanism. The injured worker had a physical examination on 09/26/2013 with complaints of chronic, severe cervical pain due to degenerative joint and disc disease, with a history of complex regional pain syndrome of the bilateral upper extremities. The injured worker was waiting for intrathecal pump implantation. She has already undergone a lumbar computed tomography (CT) scan on 09/18/2013. The injured worker reported average pain without medication was 10/10, and with the medication, 4/10 to 5/10. On the date of the examination, the injured worker rated her pain at 8/10 on the pain scale. Medications prescribed help to keep the injured worker functional, allowing for increased mobility and increased activities of daily living. The injured worker did state problems with constipation. Medications for the injured worker were Kadian 200 mg 2 tables twice a day as needed; OxyContin 60 mg 2 tablets twice a day as needed; Adderall 20 mg 1 tablet twice a day as needed; Protonix 40 mg 1 tablet every 12 hours; Diclofenac Sodium CR 100 mg 1 tablet daily as needed; Tizanidine HCL 4 mg 1 to 2 tablets every 12 hours as needed; Omeprazole 20 mg, 1 tablet every 12 hours; Senna 8.6/50, 1 to 2 tablets every 12 hours as needed. Past medical history for the injured worker was degenerative disc disease and spinal cord stimulator implant in 2010. Adderall was prescribed for the injured worker due to narcolepsy from so many opioids. Diagnoses for the injured worker were nervous system device implant and graft; tendonitis, left hand; tendonitis, right wrist, carpal tunnel release, bilateral; cervical radiculopathy; and degenerative of cervical intervertebral disc. Treatment plan, urine toxicology screening was ordered. The injured worker was to continue with conservative treatment, which included home exercise program, moist heat, and stretching as well as proceed with the intrathecal pump implant. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDERALL 20 MG (AMPHETAMINE -DEXTROAMPHETAMIN)#60 X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXLIST.COM:ADDERALL.

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

Decision rationale: The request for Adderall 20mg (amphetamine-dextroamphetamine) #60 times 2 is not medically necessary. The injured worker is taking this medication for narcolepsy due to opioid over-load. The opioids have been reduced according to the reports submitted and the injured worker is waiting for implantation of Intrathecal pump. The California Medical Treatment Utilization, ACOEM and Official Disability Guidelines do not address this request. Medline states that the combination of dextroamphetamine and amphetamine can be habit-forming. Do not take for a longer time than prescribed and do not abruptly stop taking this medication if it has been over used. This medication is used as part of a treatment program to control symptoms of attention deficit hyperactive disorder. It has also been used to treat narcolepsy. The injured worker has been decreased on her opioid medication so the medical necessity of Adderall would not be supported. The clinical information provided also failed to provide the efficacy of the medication to support continuation. The request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.