

Case Number:	CM15-0013286		
Date Assigned:	01/30/2015	Date of Injury:	11/01/2013
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old female, who sustained an industrial injury on November 1, 2013. She has reported shooting pain in the left thenar region passing through the wrist to the forearm with tingling in the thumb, index and middle fingers. The diagnoses have included left wrist strain with flexor wrist and finger tendon strains, left thumb and wrist neuralgia, myofascial tension in the shoulders, pisotriquetral joint cyst, mild ulnar styloid, extensor carpi ulnaris tendinosis, cervical strain, bilateral upper extremity shoulder strain and headaches. Treatment to date has included surgery, acupuncture, massage, physical therapy, diagnostic studies and medication. Currently, the injured worker complains of increased shoulder, neck and wrist pain. The pain was rated as a 9 on the 1-10 pain scale. Aggravating factors were gripping, lifting the arm, middle of the night pain and touch. Relieving factors were medication, heat and stretching. On January 21, 2015, Utilization Review non-certified Adderall Salts 10mg #30 prescribed January 8, 2015, noting Non-MTUS Guidelines. On January 22, 2015, the injured worker submitted an application for Independent Medical Review for review of Adderall Salts 10mg #30 prescribed January 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Adderall salts 10mg #30 (DOS 01/08/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/15952928>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web MD.com

Decision rationale: According to the 08/07/2014 most recent report, this patient presents with left wrist and thumb pain with weakness and numbness. The current request is for retrospective Adderall Salt 10mg #30 but the treating physician's report and request for authorization containing the request is not included in the file. There is no mention of this medication usage; it is unknown exactly when the patient initially started taking this medication. The Utilization Review denial letter state's "There is no documentation of an attempt to lower the dose of sedating medications to decrease the side effect of sedation prior to this request." MTUS and Official Disability Guidelines do not address Adderall. Web MD.com states "this combination medication is used to treat attention deficit hyperactivity disorder (ADHD) as part of a total treatment plan, including psychological, social, and other treatments. It may help to increase the ability to pay attention, concentrate, stay focused, and stop fidgeting." AETNA guidelines require a diagnosis of ADHD or Narcolepsy AND trial of a generic amphetamine. In this case, the provider does not explain what condition this patient has that requires the use of this medication. There is no documentation of attention hyperactivity disorder or Narcolepsy to consider this medication. There is no discussion as to how this medication has helped the patient. The request is not medically necessary.