

Case Number:	CM15-0017379		
Date Assigned:	02/05/2015	Date of Injury:	10/01/1992
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 65 year old male injured worker suffered and industrial injury on 10/01/1992. The diagnoses were lumbosacral neuritis, depression, post-laminectomy syndrome, chronic intractable pain syndrome and lumbago. The treatments were medications, spinal fusion, and chiropractic therapy. The treating provider reported improvement in the depressive symptoms in combination with the other antidepressants. The Utilization Review Determination on 1/16/2015 non-certified Adderall 20mg #60, citing National Clearinghouse Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Adderall 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Attention-Deficit Hyperactivity Disorder, Ann Arbor (MI): University of Michigan Health System, page 41

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov, Adderall (Amphetamine, Dextroamphetamine Mixed Salts).

Decision rationale: Per the FDA, Adderall (amphetamine, dextroamphetamine mixed salts) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker does not have diagnoses of ADHD or narcolepsy. The use of adderall in this case seems to be off label. The medical necessity for Adderall 20 mg cannot be justified at this time. Thus, the request for 1 prescription of Adderall 20mg #60 is not medically necessary.