

Case Number:	CM15-0175598		
Date Assigned:	09/17/2015	Date of Injury:	05/03/2005
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 injured worker is a 54 year old female, who sustained an industrial injury on 05-03-2005. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for major depressive disorder, chronic lower back pain status post anterior fusion L4-5 and L5-S1 on 09-29-2008, failed back surgery syndrome, left L4 and L5 radiculopathy, depression and anxiety. Treatment and diagnostics to date has included Ketorolac injection, psychotherapy, inconsistent urine drug screen dated 04-02-2015, and medications. Current medications include Seroquel, Adderall, Effexor, Ativan, Percocet, Gabapentin, Duexis, Colace, Tizanidine, and topical cream. In a progress note dated 07-02-2015, the injured worker reported back pain. Objective findings included being alert and oriented times four, "pacing, trouble sitting still, restless, psychomotor agitation, rumination, depressed, irritable, and anxious mood". The request for authorization dated 08-04-2015 requested psychiatric sessions 6 per year for 2 years, Venlafaxine ER 150mg 30 per month for 12 months, Lorazepam 1mg 60 per month for 12 months "for intermittent panic attacks", and Amphetamine Salts 20mg 60 per month for 12 months "to target treatment resistant depression, restlessness, and difficulty concentrating". The Utilization Review with a decision date of 08-12-2015 modified the request for Amphetamine Salts 20mg #60 with 11 refills to Amphetamine Salts 20mg #60 and one refill to allow documentation of need or to wean off over the next 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amphetamine salts 20mg #60 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-32556/amphetamine+salt+combo+oral/details>.

Decision rationale: The MTUS guidelines and ODG do not address the use of Amphetamine salts; therefore, alternative guidelines were consulted. Per manufacturer's information, this product is a combination of stimulants (amphetamine and dextroamphetamine). It is thought to work by restoring the balance of certain natural substances (neurotransmitters) in the brain. Amphetamine salts is a combination medication 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. This drug may also be used to treat narcolepsy. It should not be used to treat tiredness or to hold off sleep in people who do not have a sleep disorder. Side effects include: loss of appetite, weight loss, dry mouth, stomach upset/pain, nausea/vomiting, dizziness, headache, diarrhea, fever, nervousness, trouble sleeping and mental/mood/behavior changes (such as agitation, aggression, mood swings, depression, abnormal thoughts, thoughts of suicide). In this case, the available documentation does not provide evidence of a diagnosis of ADHD or narcolepsy. The treating physician has prescribed this medication "to target treatment resistant depression, restlessness, and difficulty concentrating." Treating the side effects of other prescribed medications is not the intended use of this medication. The request for Amphetamine salts 20mg #60 with 11 refills is determined to not be medically necessary.