

Case Number:	CM15-0064907		
Date Assigned:	04/13/2015	Date of Injury:	10/16/2012
Decision Date:	05/18/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Internal 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 55-year-old male, with a reported date of injury of 10/16/2012. The diagnoses include depression, insomnia, and anxiety. Treatments to date have included psychiatric care and oral medications. The medical report dated 02/11/2015 indicates that the injured worker would sleep 5-6 hours each night, he did not enjoy anything, and nothing gave him happiness. The injured worker felt hopelessness and worthlessness. It was noted that there was no psychomotor agitation, suicidal, or homicidal ideations. The treating physician requested Adderall XR 50mg #30. The dosage was increased, and it was noted that the injured worker did not want to take any antidepressant medication at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall XR (extended release) 50 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS FDA (Food & Drug Administration) package insert.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Adderall® <http://www.drugs.com/pro/adderall.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Adderall. FDA Prescribing Information indicates that Adderall CII (Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate Tablets) is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) and narcolepsy. Adderall is a single-entity amphetamine product combining the neutral sulfate salts of dextroamphetamine and amphetamine, with the dextro isomer of amphetamine saccharate and d, l-amphetamine aspartate. Amphetamines have a high potential for abuse. Administration of Amphetamines for prolonged periods of time may lead to drug dependence and must be avoided. Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events. The effectiveness of Adderall for long-term use has not been systematically evaluated in controlled trials. Stimulant medications cause an increase in average blood pressure and average heart rate, and individuals may have larger increases. All patients should be monitored for larger changes in heart rate and blood pressure. Caution is indicated in treating patients whose underlying medical conditions might be compromised by increases in blood pressure or heart rate, e.g., those with preexisting hypertension, heart failure, recent myocardial infarction, or ventricular arrhythmia. The psychiatry progress report dated 1/12/15 documented a diagnosis of hypertension. The patient has not been able to get Atenolol. No blood pressure measurements were documented in the 1/12/15 psychiatry progress report. No blood pressure measurements were documented in the 2/11/15 psychiatry progress report. No blood pressure measurements were documented in the primary treating physician's progress reports dated 1/14/15 and 2/17/15. No cardiovascular examination was documented in the progress reports. No diagnosis of ADHD attention deficit hyperactivity disorder or narcolepsy was documented in the in the psychiatry progress reports dated 1/12/15 and 2/11/15. No diagnosis of ADHD attention deficit hyperactivity disorder or narcolepsy was documented in the in the primary treating physician's progress reports dated 1/14/15 and 2/17/15. The medical records indicate that the patient has a diagnosis of hypertension. The patient is not taking Atenolol which was prescribed for the management of his hypertension. No blood pressure measurements were documented. No cardiovascular examination was documented. No diagnosis of ADHD attention deficit hyperactivity disorder or narcolepsy was documented. Therefore, the request for Adderall is not supported by FDA guidelines. Therefore, the request for Adderall is a single-entity amphetamine product is not medically necessary.