

<b>Case Number:</b>	CM13-0035010		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/20/2006
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Internal Medicine and is licensed to practice in Texas. 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 patient is a 58 year old male injured on 11/20/06 due to an undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. The current diagnoses included displacement of lumbar disc without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, and lumbago. The clinical note dated 10/02/13 indicated the patient presented with complaints of severe back pain limiting activity and socialization. The patient rated the pain at 10/10 without medications and 6-7 with medications. Physical examination revealed ambulation with stiff antalgic gait, functional range of motion of lower extremities, 5/5 strength on the right and 4/5 on the left, reflexes at the knee 3/4 bilaterally, decreased sensation to light touch in lower extremities, decreased range of motion, and no tenderness to palpation in spinous processes of lumbar spine. The current medications included Opana ER 40mg two PO Q12 hours, Opana IR 10mg Q4 hours, Ritalin 15mg one to two PO QD for sedation due to opioids, and Amrix 15mg one PO QHS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RITALIN 5 MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Weaning, Stimulants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, METHYLPHENIDATE TOPIC.

**Decision rationale:** Based on current guidelines, Ritalin is not recommended solely to counteract sedation effects of narcotics. It is intended to treat ADHD and Narcolepsy. The Official Disability Guidelines also specify it as an option in traumatic brain injury, which is not present in this case. There is no indication in the documentation that the patient has been formerly evaluated and diagnosed with any of the aforementioned conditions. As such, the request for Ritalin 5 MG, #30 cannot be recommended as medically necessary.