

Case Number:	CM13-0046299		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2009
Decision Date:	08/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 55 year old female with a date of injury is October 13, 2009. The mechanism of injury is unclear from the available documents. As a result of the injury she developed severe psychological symptoms including frustration, anxiety, stress panic, fear, and depression. She was also diagnosed with cervical sprain and lateral epicondylitis. She was then subsequently diagnosed with major depressive disorder and psychological factors affecting medical condition, posttraumatic stress disorder, anxiety, insomnia and physical pain, She was the treated with psychotropic medications including Lexapro, Bupropion, Seroquel and Concerta.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONCERTA TABLETS 36MG 30 DAY SUPPLY, 30 COUNT WITH ONE REFILL:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/concerta?druglabelid=267>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic),

Stimulants Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Concerta, Patient Package Insert.

Decision rationale: Concerta is approved for the management of attention deficit hyperactivity disorder and narcolepsy. According to the documents available for review, the patient does not carry diagnosis of either attention deficit hyperactivity disorder or narcolepsy. Therefore at this time the requirements for treatment have not been met and medical necessity has not been established.