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| Case Number: | CM13-0046458 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/20/2006 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 10/10/2013 |
| 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 Occupational Medicine and is licensed to practice in California. 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 records made available for review, this is a 58-year-old male with an 11/20/06 date of injury. At the time (10/10/13) of request for authorization for 60 Ritalin 15 mg, 1-2 by mouth every morning and 30 Amrix 15 mg, 1 by mouth every bedtime, there is documentation of subjective (severe pain in the back which limits activity and socialization) and objective (able to transfer from sit to stand with guarding and stiffness, stiff antalgic gait due to pain, 4+/5 muscle strength on the left lower extremity, decreased sensation to light touch in the lower extremities increased on the right to left, non-tender to palpation in spinous processes of lumbar region) findings, current diagnoses (displacement lumbar disc w/o myelopathy, degeneration lumbar/lumbosacral intervertebral disc, and lumbago), and treatment to date (medications and activity modification). Regarding the requested 60 Ritalin 15 mg, 1-2 by mouth every morning, there is no documentation of a condition/diagnosis for which Ritalin would be indicated. Regarding the requested 30 Amrix 15 mg, 1 by mouth every bedtime, there is no documentation of acute muscle spasm and an intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

60 RITALIN 15MG, 1-2 BY MOUTH EVERY MORNING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Section.

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines (ODG) identifies that methylphenidate is likely to improve memory; attention, concentration, and mental processing following traumatic brain injury. Medical Treatment Guideline identifies that Ritalin (methylphenidate) is indicated for the treatment of attention deficit disorders and narcolepsy. Within the medical information available for review, there is documentation of diagnoses of displacement lumbar disc w/o myelopathy, degeneration lumbar/lumbosacral intervertebral disc, and lumbago. However, there is no documentation of a condition/diagnosis for which Ritalin would be indicated. Therefore, based on guidelines and a review of the evidence, the request for Ritalin 15 mg #60 is not medically necessary.

30 AMRIX 15MG, 1 BY MOUTH EVERY BEDTIME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that cyclobenzaprine is recommended for a short course of therapy. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of displacement lumbar disc w/o myelopathy, degeneration lumbar/lumbosacral intervertebral disc, and lumbago. However, there is no documentation of acute muscle spasm. In addition, given that the request is for Amrix 15 mg #30 there is no documentation of the intention to treat over a short course (less than two weeks). The request is not medically necessary or appropriate.