

Case Number:	CM13-0069377		
Date Assigned:	01/03/2014	Date of Injury:	11/17/1997
Decision Date:	04/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 54 year old man who sustained a work related injury on November 17 1997. Subsequently, the patient developed a chronic back pain. According to a note dated on July 11 2013, he continued to have a chronic back pain with difficulty performing his activity of daily living. His physical examination demonstrated tenderness in the lumbar spine with reduced range of motion. The patient was diagnosed with lumbar spine disorder. The provider requested authorization for the use of Ritalin and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

RITALIN 5MG, TAB #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Intergrated Treatment/Disability Duration Guidelines (DDG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2001). "Methylphenidate and narcolepsy: new indication. When modafinil fails." Prescire Int 10(51): 7-9.

Decision rationale: MTUS and ODG guidelines are silent regarding the use of Ritalin. The latter is used as central nervous system stimulant to treat narcolepsy and attention deficit disorders. There is no evidence that the patient is suffering from narcolepsy or attention deficit disorders. There is no studies supporting the use of Ritalin for chronic pain, myofacial pain and back pain. Therefore the prescription of Ritalin is not medically necessary.

AMBIEN 10MG, #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Intergrated Treatment/Disability Duration Guidelines (DDG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. Ambien is a non benzodiazepine short acting hypnotic used for insomnia. There is no recent documentation of insomnia related to pain in this case. Therefore the use of Ambien 10mg, #20 is not medically necessary.