

Case Number:	CM14-0008625		
Date Assigned:	02/12/2014	Date of Injury:	09/06/2006
Decision Date:	07/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The patient is a 56-year-old female who has submitted a claim for major depressive disorder and generalized anxiety disorder; associated with an industrial injury date of 09/06/2006. Medical records from 2013 to 2014 were reviewed and showed that patient noted improvement with current medications. Physical examination showed that patient was more dysphoric, with no evidence of gross agitation. Affect was appropriate. Patient was oriented to person, place, time and situation. Memory was intact. Thought process and content were appropriate. Patient had no suicidal or homicidal ideations. Treatment to date has included medications, psychotherapy, and chiropractic therapy. Utilization review, dated 01/14/2014, denied the request for Ritalin because in addition to there being no grounds for industrial injury, its use is not recommended in any of the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RITALIN 10 MG ONE BY MOUTH TWICE DAILY #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Stress Related-Disorders.

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: FDARitalin, <http://www.drugs.com/pro/ritalin.html>.

Decision rationale: The CA MTUS, ACOEM, and ODG do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Food and Drugs Administration (FDA) recommendations were used instead. Methylphenidate (Ritalin) is a mild central nervous system stimulant used mainly in the treatment of attention deficit disorders (ADD) and narcolepsy. In this case, the patient has been prescribed Ritalin since at least January 2013. However, the patient has not been diagnosed with ADD or narcolepsy, and there was no discussion regarding the indication for its use. Moreover, medical records submitted for review did not show objective evidence of functional improvement derived from its use. Therefore, the request for Ritalin 10 mg one by mouth twice daily #60 is not medically necessary and appropriate.