

Case Number:	CM14-0013381		
Date Assigned:	06/11/2014	Date of Injury:	08/30/2010
Decision Date:	07/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/01/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 46-year-old male who reported an injury on 08/30/2010. He reported that he had a boxing injury resulting in traumatic head injury, including neck strain/sprain and multiple chipped teeth. On 02/02/2014, the injured worker presented with chronic sleep difficulties with nighttime awakening associated with nightmares. The injured worker reported exercising more frequently. Upon examination, the injured worker was fatigued, agitated, and depressed. The diagnosis was posttraumatic stress disorder. The provider changed the injured worker's medication to Ritalin 20 mg and Zoloft 50 mg. Prior therapy included cognitive behavioral therapy and medications. The provider recommended a 1 month supply of Ritalin 10 to 60 mg per day as needed. The provider's request was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH SUPPLY OF RITALIN 10-60 MG PER DAY AS NEEDED: 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 Other Medical Treatment Guideline or Medical Evidence: RxList, Ritalin, Online Database www.RxList.com/ritalin.

Decision rationale: Scientific based evidence note that Ritalin is prescribed for treating narcolepsy and attention deficit hyperactivity disorder. Ritalin should be initiated in small doses, with a gradual increase in weekly increments. Daily dosage above 60 mg is not recommended. The included medical documentation lacks evidence that the injured worker has a diagnosis that would be congruent with the recommendations for Ritalin. There is lack of exceptional factors provided in the documentation submitted to support approving Ritalin outside of scientific based recommendations. Additionally, the provider's request does not indicate the frequency of Ritalin or the quantity being provided. As such, the request is not medically necessary.