

Case Number:	CM14-0017727		
Date Assigned:	04/16/2014	Date of Injury:	04/14/1986
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 Psychiatry, 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 55-year-old with several dates of injuries starting April 14, 1986. Date of UR decision was February 7, 2014. IW was injured in an industrial-related incident. Per PR-2 dated March 20, 2014, the IW has been diagnosed with Obsessive Compulsive Disorder, Depressive Disorder Not Otherwise Specified, Male Erectile Disorder due to testicular and prostate cancer, and Breathing-related Sleep Disorder. Per PR-2 subjective complaints, IW states that depression and anxiety are a result from not receiving treatment for knee pain that ranges from "4 to 9 on a 1-10 scale" and symptoms related to obsessive compulsive disorder have shown improvement but remain "problematic." IW has been treated with Psychotropic Medications including: Lexapro, Clonidine, Ambien (which was discontinued due its side effect of decreasing respirations). Primary Treating Physician prescribed dexmethylphenidate hcl 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF DEXMETHYLPHENIDATE HCL 5MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article Diagnosis and Management of ADHD in Children, Young People and Adults, National Collaborating Centre for Mental Health. London (UK): National Institute For Health And Clinical Excellence (NICE); 2008 SEP. 59 P. (Clinical Guideline; no.72).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation FDA Package Insert for Dexmethylphenidate

Decision rationale: According to the FDA package insert, Dexmethylphenidate is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). It does not have FDA approval for any diagnosis other than ADHD at this time. The documentation provided does not indicate that the IW has been diagnosed with ADHD, nor does it contain any evidence of assessments performed to establish the diagnosis. Dexmethylphenidate appears to be used "off label" in this case. The request for one prescription of Dexmethylphenidate HCL 5mg, sixty count, is not medically necessary or appropriate.