

Case Number:	CM14-0157714		
Date Assigned:	10/01/2014	Date of Injury:	02/13/2000
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 54 year old female who reported an injury on 02/18/2000. The mechanism of injury was not provided. The injured worker was diagnosed with chronic pain, musculoskeletal pain, migraines, anxiety and headaches. Her past treatments included medications and treatment for anxiety and depression. The clinical note dated 09/09/2014 noted the injured worker complained of having trouble getting her medications. The injured worker had chronic pain, musculoskeletal pain, anxiety, and headaches. The physician indicated the injured worker was awake and alert x3. Higher mental functions are normal and she was able to answer questions appropriately. The injured worker's medication regimen included Norco 10/325mg 1 to 2 tablets every 6 hours, Imitrex 20mg, Flector patch 1.3%, Librax 30mg 1 tablet 3 times a day, Ritalin 20mg 1 to 2 tablets twice a day, Cymbalta 60 mg 1 tablet twice a day, Zoloft 100 mg 1 tablet a day and Topamax 100 mg twice a day. The documentation submitted did not include a treatment plan. The rationale for the requested Ritalin 20 mg quantity 30 was chronic fatigue. The Request for Authorization form was dated 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 20mg Quantity: 30: 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) do not address. Other Medical Treatment Guideline or Medical Evidence: Medline Plus MedlinePlus, Methylphenidate, Online database.

Decision rationale: The injured worker reported her medications were helping her symptoms. Medline Plus states that methylphenidate (Ritalin) is to be used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder; more difficulty focusing, controlling actions, and remaining still or quiet than other people who are the same age in children and adults. The documentation indicated the medication was being used for chronic fatigue. The requesting physician did not include documentation indicating the injured worker has significant chronic fatigue. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Ritalin 20 mg quantity 30 is not medically necessary.