

<b>Case Number:</b>	CM14-0157761		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/18/2000
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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 injured worker is a 54 year old female who was injured on 02/18/2000. The mechanism of injury is unknown. Prior medication history included Norco, Ritalin 20 mg, Librax 20 mg, Cymbalta 60 mg twice a day, Zoloft, Prevacid and Flector patch. Office visit not dated 09/09/2014 states the injured worker presented with complaints of migraines, anxiety, headaches, and musculoskeletal pain. On exam, she had restricted range of motion of the cervical lumbar spine. There were no other significant findings documented. The injured worker is diagnosed with chronic pain syndrome, low back pain, neck pain, migraines, anxiety and also depression. She was recommended to continue with her medications which included Librax 10 mg and Ritalin 20 mg. Prior utilization review dated 09/17/2014 states the request for Librax 10mg, 1 tab tid; no refills requested quantity: 90; Ritalin 20mg; no refills requested quantity: 180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Librax 10mg, 1 tab tid; no refills requested quantity : 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The guidelines do not recommend benzodiazepines for long-term use due to risk of tolerance and dependence. In general, the guidelines do not recommend treatment with benzodiazepines for longer than 4-6 weeks. Benzodiazepines are not recommended for chronic treatment of anxiety and depression. The clinical notes did not provide justification for the use of Librax outside of current guidelines. The injured worker has been taking Librax for longer than the recommended duration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Ritalin 20mg; no refills requested quantity : 180:** 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 <http://www.drugs.com/monograph/methylphenidate-hydrochloride.html>

**Decision rationale:** Ritalin is stimulant medication used in the treatment of ADHD and symptomatic management of narcolepsy. It is not recommended for treatment of chronic pain or for the treatment of sedation due to medications. The documents provided did not clearly identify the injured worker as suffering from ADHD. From the documents provided it is unclear what the specific indication is for Ritalin. The documents did not clearly discuss the injured worker's response to therapy with Ritalin and what benefits the injured worker is obtaining. Additionally, a frequency of administration was not provided. Based on the guidelines and clinical documents the request is not medically necessary.