

Case Number:	CM14-0173095		
Date Assigned:	10/23/2014	Date of Injury:	01/26/2007
Decision Date:	12/02/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Illinois and Wisconsin. 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:

This is a 41 year old male who was injured in January of 2007. The patient apparently has been in psychiatric treatment for many years and has been prescribed Ritalin 20 mg po BID, Gabapentin 400 mg daily, and quetiapine 100 mg at bedtime. Coverage has been requested for Ritalin 20 mg #60, Gabapentin 100 mg #120, and quetiapine 100 mg #30. The previous reviewer modified the request to 15 Ritalin and denied certification for Gabapentin and quetiapine due to lack of medical necessity. This is an independent review form medical necessity for the unmodified request for Ritalin and the denial of coverage for Gabapentin and quetiapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 20 mg, sixty count,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010; Practice Guideline for the Treatment of Patients with Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, APA,

November 2004 (Guideline Watch March 2009, Guideline is current) and the 2014 Physicians' Desk Reference

Decision rationale: According to the PDR, Ritalin is recommended by the FDA only for ADHD and narcolepsy. The only additional evidence based use for Ritalin is as an adjunct to antidepressants in patients with Major Depression. This medication is relatively contraindicated in patients with anxiety disorders as it may worsen anxiety and its use is not sanctioned by the APA for patients with post-traumatic stress disorder (PTSD). The patient does not have a diagnosis of major depressive disorder and does not appear to have any condition for which Ritalin is approved by the FDA. As such medical necessity for Ritalin is not established according to current evidence based practice standards.

Gabapentin 100 mg, 120 count,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Practice Guideline for the Treatment of Patients with Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, APA, November 2004 (Guideline Watch March 2009, Guideline is current)

Decision rationale: State of California MTUS does not apply as there is no evidence that the gabapentin is being used for addressing the patient's pain. ODG is silent on use of this or related medications for patients with PTSD. Review of the APA Practice Guideline Watch indicates that anticonvulsant medication may have some benefit in managing patients with ADHD but does not specifically mention gabapentin. The APA states that there is limited evidence supporting the use of anticonvulsants in general. Given the lack of firm evidence supporting efficacy of this medication for the patient's condition, medical necessity of this request is not established.

Quetiapine 100 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: ODG specifically mention quetiapine in management of patients with PTSD. They indicate that this medication is not recommended as a first line treatment. Medical necessity for quetiapine, therefore, is not indicated according to the evidence based resource cited above.