MAXIMUS Federal Services

Case Number:	CM14-0020628		
Date Assigned:	04/30/2014	Date of Injury:	04/11/2008
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 was a 25-year-old female who reported an injury on 04/11/2008. The mechanism of injury noted was while the injured worker was hanging clothes her right knee gave out causing her to fall to the floor landing on her buttocks. Within the clinical note dated 02/13/2014, the injured worker complained of increased frequency and urgency, and episodes of involuntary loss of urine when she has the urge to urinate. The injured worker complained of low back pain. The injured worker reported she had no significant neurological symptoms after her slip and fall. The injured worker reported being depressed and despondent about her present condition. The injured worker underwent surgery on 08/14/2008 of a coccygectomy and osteotomy. Symptoms did not start until after surgery on her coccyx and sacrum. Upon physical exam, the provider noted the injured worker's abdominal wall is moderately protuberant. Bimanual examination revealed some tenderness at the base of the bladder. The injured worker has diagnoses of voiding dysfunction and overactive bladder and coccydynia. The provider noted the comprehensive urodynamic evaluation the injured worker underwent on 01/14/2014 was consistent with an overactive bladder, which can result from a sacral nerve root irritation. The provider noted the injured worker should be given a trial of anticholinergic medications for 2 to 3 months and then be re-evaluated by a urologist to assess her response to treatment. The provider requested Ritalin 20 mg #30. However, the rationale was not provided for review in the clinical documentation submitted. The request for authorization was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RITALIN 20MG, #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), Head, Methylphenidate.

Decision rationale: The request for RITALIN 20 MG, #30 is non-certified. The injured worker complained of increased frequency and urgency of urination. The injured worker complained of episodes of involuntary loss of urine. The Official Disability Guidelines note high quality clinical trials indicate that methylphenidate is likely to improve memory, attention, concentration, and mental processing following traumatic brain injury. The Guidelines note 1 clinical trial recommends that methylphenidate, at 0.3 mg/kg/dose, given twice a day to individuals with attentional complaints after traumatic brain injury, seems to have clinically significant positive effects on speed of processing, caregiver ratings of attention, and some aspects of on task behavior and naturalistic tasks. In conclusion, methylphenidate appears to be safe for adult population with traumatic brain injury. However, because a few individual experienced significant changes in vital signs and adverse effects, all patients should be monitored. There was lack of clinical documentation indicating the injured worker to have decrease in memory, attention, concentration, and mental processing. There is a lack of objective findings indicating the injured worker to have a traumatic brain injury. The provider's rationale for the requested medication was unclear. The request submitted failed to provide the frequency and quantity of the medication. Additionally, there was a lack of documentation indicating the injured worker was utilizing the medication. Therefore, the request for RITALIN 20 MG, #30 is non-certified.