

Case Number:	CM14-0026954		
Date Assigned:	06/13/2014	Date of Injury:	07/29/2010
Decision Date:	08/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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 Occupational 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:

Injured worker is a male with date of injury 7/29/2010. Per primary treating physician's progress report dated 10/4/2013, the injured worker had cognitive behavioral therapy on 8/16, 8/26, 9/6, 9/13, 9/20, 9/27 and 10/4/2013. On exam he had a Beck Depression Inventory with a score of 39, in the severe range. He had a Beck Anxiety Inventory with a score of 23 indicating a moderate level of anxiety symptoms. Diagnoses include 1) major depressive disorder, single episode, severe 2) pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 5mg #60 x2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181580/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Psychostimulants in the therapy of treatment-resistant depression Review of the literature and findings from a retrospective study in 65 depressed patients. Dialogues in Clinical Neuroscience. Dec 1999; 1(3): 165-174.

Decision rationale: Per the primary treating physician, the injured worker needs additional cognitive behavioral therapy for depression and pain disorder, and antidepressant medication from psychiatry. Psychiatry clinical notes are not provided for review. The claims administrator referenced the cited article, which was not challenged by the requesting physician. The MTUS Guidelines and the ODG do not address the use of stimulants in the treatment of pain. Per the cited peer reviewed journal article, the use of psychostimulants as an adjuvant therapy in treatment-resistant depression is not common, has been the subject of much criticism, and should be tried more. This study highlights the benefit of the administration of psychostimulants in addition to conventional antidepressants in patients with treatment-resistant depression. Thirty-eight out of 65 patients in this study had a beneficial effect from the use of psychostimulants in addition to conventional antidepressants in this study. The request for Ritalin 5 mg #60 x2 is determined to be medically necessary.