

Case Number:	CM14-0047705		
Date Assigned:	06/25/2014	Date of Injury:	07/29/2010
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/29/2014

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 Child & Adolescent Psychiatry 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 61 year old male who was injured at work on July 20, 2010. There is no mechanism of injury listed in the accompanying documentation. The injured worker reported chronic low back pain, and has undergone several spinal epidural injections. Subsequently, he developed symptoms of depressed mood, low energy, anhedonia and loss of interest. The injured worker was diagnosed with Major Depression, Severe. He was prescribed the antidepressant medication, Nortriptyline, and on January 23, 2014 Ritalin was added. The next progress note documented significant clinical improvement in the injured worker's mood and energy level. The current request is for Ritalin 5 milligrams three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 5 MG Three Times Per Day For 30 Days Quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Official Disability Guidelines Head.

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, Methylphenidate.

Decision rationale: The ODG indicate that Ritalin (methylphenidate) is useful in improving the memory, concentration and attention in individuals who have undergone traumatic brain injuries and suffered subsequent cognitive impairment. The injured worker is not diagnosed with a traumatic brain injury but with Major Depression. Ritalin (methylphenidate) is Food and Drug (FDA) approved for the treatment of Narcolepsy and Attention Deficit Hyperactivity Disorder (ADHD). The injured worker is also not diagnosed with either of these conditions. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.