

Case Number:	CM14-0053153		
Date Assigned:	07/07/2014	Date of Injury:	08/31/1998
Decision Date:	08/25/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 & Rehabilitation 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:

This 50 year-old female sales and service representative sustained an injury to her low back and neck on 8/1/98 while employed by [REDACTED]. Request under consideration include Ritalin 20 three times a day. Psychological re-evaluation report of 10/11/12 noted patient began with wrist tendonitis approximately one year after employment. In 1998, the patient reported her office was renovated and she was exposed to fumes, feeling dizzy and passed out. She reported having back pain and headaches. The patient was placed on TTD in 2002. The patient began seeing a psychologist with individual psychotherapy in 2005 and was referred to psychiatrist in December 2005 with slight levels of depression and minimal levels of anxiety. There was noted previous non-industrial psychiatric treatment in 1988 associated with non-industrial sexual assault and posttraumatic event. There was notation of 2 cervical fusion surgeries in 2008 with redone in 2012. Prozac was discontinued in 2006 and the patient was prescribed Xanax for anxiety. Medications listed in 2012 included Neurontin, Fioricet, Percocet, Soma, MS Contin, Halcion, Lexapro, Omperazole, Benazepril/HCTZ and BioDerm patch. Diagnoses per QME was Pre-existing Dysthymic Disorder from sexual assault history of 1988 which did not result in any work function impairment and evaluator noted no permanent psychological impairment with patient having reached MMI psychologically as of 10/4/12. Pain management provider noted on report of 11/21/13 the patient with diagnoses of lumbar radiculopathy; cervical radiculopathy status post cervical fusion; headaches; depression; anxiety; fibromyalgia; insomnia; hypertension; and complaints of urinary incontinence. Medical report of 3/6/14 from the chiropractic provider noted patient with multiple chronic symptom complaints for the neck, low back, sleep disorder and obstructive sleep apnea recommending CPAP machine, TMJ/dental condition and decay from medication use recommending treatment, and bilateral shoulder pain. The patient is status post cervical fusion at C5-7 with revision in January 2012. Exam noted

paraspinal spasm, positive provocative testing, diffuse and limited range in cervical and lumbar spine. There was no documentation regarding motor strength or sensory exam. Treatment included Gym membership, MRI of lumbar spine, CPAP machine, and TMJ specialist. The patient remained TTD until 5/22/14. Medications list of 4/9/14 noted Halcion, Xanax, Lidoderm patch, MS Contin, Lexapro, Neurontin, Soma, Percocet, Provigil, Keflex, Promethazine, Lotensin, Motrin, Prilosec, and Ritalin. Request for Ritalin 20 three times a day was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 20 three times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Dependence & Addiction Page(s): 86. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA and National Guideline Clearinghouse, Use of Ritalin for Attention-deficit hyperactivity disorder (ADHD), narcolepsy, traumatic brain disorder.

Decision rationale: The Guidelines have no specific recommendation for Ritalin, a central nervous system stimulant, but does note stimulants under Opiates, Dependence and Addiction, as a serious substance for misuse along with cocaine and amphetamines. Significant side effects and drug warnings include sudden death and serious cardiovascular events such as cardiomyopathy, heart rhythm abnormalities, myocardial infarction, and stroke. FDA and manufacturer list Ritalin in the treatment option for diagnoses of Attention-Deficit Hyperactivity Disorder (ADHD) and Narcolepsy, not documented here. Particular care should be taken while using stimulants with comorbid seizure history, bipolar illness, drug dependence or alcoholism, peripheral vasculopathy, and visual disturbances. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings, or ADLs limitations to support the use of Ritalin under the patient's listed diagnoses. The request for Ritalin 20 three times a day is not medically necessary and appropriate.