

Case Number:	CM14-0073774		
Date Assigned:	07/16/2014	Date of Injury:	12/01/1994
Decision Date:	08/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 12/01/1994 after he slipped and fell. The injured worker had a history of lower back pain with a diagnosis of post laminectomy syndrome, lumbar region chronic pain syndrome to the thoracic and lumbosacral region, neuritis versus radiculitis, lumbago, spondylosis without myelopathy, spinal stenosis and neurogenic claudication. The injured worker had a laminotomy dated 04/04/14 at the T8, T9 and T10 with a spinal cord stimulator and a thoracic myelogram at the L4 level, along with an EMG. The past treatments included medication, physical therapy and injections at unknown sites. Past surgery included a lumbar fusion in 2007. The objective findings dated 02/14/2014 revealed the musculoskeletal was positive for back pain, back weakness, neck stiffness. Deep tendon reflexes are preserved and symmetric. No sensory loss, unsteady gait. The medications included Abilify 10 mg, Ambien 10 mg, Aspirin 325 mg, Cymbalta 30 mg, Mupirocin 2% topical ointment and OxyContin 40 mg and Percocet 10/325 mg. No VAS scale provided. The request for authorization form was not submitted within the documentation. The rationale for the Methylphenidate was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

360 tablets of Methylphenidate 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation Online Edition, Pain Chapter, Weaning, stimulants.

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: National Library of Medicine, Methylphenidate.

Decision rationale: Methylphenidate is a Piperidine derivative that is structurally related to amphetamine which acts as a central nervous system (CNS) sympathomimetic stimulant, probably by causing release of norepinephrine at CNS nerve terminals promoting neurotransmission. Methylphenidate may also affect dopaminergic neurotransmission. Therapy with Methylphenidate has been shown to increase cognitive abilities and improve psychological functioning and performance in children and adults with suspected attention deficit disorders. It has a paradoxical calming action in children with hyperactivity. Methylphenidate is also used in the therapy of narcolepsy. Methylphenidate was initially approved for use in the United States in 1955 and its indications have been broadened to include children above the age of 6 and adolescents with attention deficit disorder. Methylphenidate is available in multiple forms for oral administration including capsules, tablets, and oral solutions and as extended-release and long-acting forms in concentrations varying from 2.5 to 54 mg in generic forms and under several brand names including Ritalin, Concerta and Metadate. Transdermal formulations are also available. The usual dose in adults is 10 mg two or three times daily and average maintenance dosage is 40 to 60 mg daily. The dosage in children varies by formulation. Methylphenidate is a controlled substance (Schedule II) and has abuse potential. Common side effects include headache, insomnia, irritability, palpitations, tachycardia, nasal stuffiness, decreased appetite. Per the examination dated 02/04/2014 the injured worker's memory was intact, level of consciousness was normal and per the psychiatric exam the injured worker had no anxiety or evidence of depression. The injured worker was noted to appear well nourished, well developed and in no acute distress. Furthermore the recommended daily dosage is 40-60 mg, the request only stated 20 mg with no frequency addressed. As such, the request is not medically necessary.