

Case Number:	CM14-0079101		
Date Assigned:	07/18/2014	Date of Injury:	12/05/1978
Decision Date:	08/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 75-year-old male with date of injury of 12/05/1978. The listed diagnoses per [REDACTED] dated 04/09/2014 are: 1. Lumbar facet syndrome. 2. Lumbar radiculopathy. 3. Post lumbar laminectomy syndrome. 4. Spinal stenosis of the lumbar spine. 5. Low back pain. According to this report, the patient complains of back pain radiating down both legs. The pain level has remained unchanged since his last visit. He does not report any change in location of the pain. The patient is taking his medications as prescribed. He states that medications are working well. He reports no side effects. The patient shows no evidence of medication dependency. No medication abuse is suspected. The physical exam shows the patient is well nourished, well developed. The patient has an antalgic gait; awkward gait; drop foot gait. Range of motion in the lumbar spine is restricted with flexion and extension limited by pain. There is paravertebral muscle tenderness and hypertonicity. Straight leg raise is negative. Sensation is decreased over the L4 and L5, lower extremity, dermatomes on the right side. The utilization review denied the request on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHYLPHENIDATE 5MG BID QTY: 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.DRUGS.COM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60 and 61 and on the Non-MTUS Citation Official Disability Guidelines (ODG) Recommended in selected patients (consensus).

Decision rationale: This patient presents with back pain radiating down both legs. The treater is requesting methylphenidate 5 mg. The MTUS and ACOEM Guidelines do not address this request. However ODG recommends the weaning of stimulants. Methylphenidate is a central nervous system stimulant. It affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Regarding medication in general for chronic pain, the MTUS Guidelines page 60 and 61 states that relief of pain with the use of medications is generally temporary, and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvement in function and increased activity. In this patient, it is unclear from the documents provided why the treater is prescribing this medication. The patient has been using this medication since 10/22/2013 and the patient does not present with hyperactivity or ADHD that would warrant the use of this medication. In addition, the documents do not show any reports of functional improvement while utilizing this medication. Recommendation is for denial.