

Case Number:	CM14-0202629		
Date Assigned:	12/15/2014	Date of Injury:	11/15/2002
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 44 year old with a work related injury dated 11/15/2002. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a visit note dated 10/30/2014, the injured worker presented with complaints of back pain. Diagnoses included family history of systemic lupus erythematosus and non-healing skin lesion. Treatments have consisted of physical therapy and medications. Visit note states that injured worker takes Ritalin 3 times a day but does not think this helps with energy at all. Diagnostic testing and work status were not included in received records. On 11/10/2014, Utilization Review non-certified the request for Ritalin 20mg, Qty: 90 citing National Guideline Clearinghouse. The Utilization Review physician stated there is no clear evidence that the injured worker has attention deficit disorder or attention deficit hyperactivity disorder and the documentation submitted is lacking evidence of efficacy. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 20mg, QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, Attention Deficit Hyperactive Disorder

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: 2001). "Methylphenidate and narcolepsy: new indication. When Modafinil fails." Prescribe Int 10(51): 7-9.

Decision rationale: MTUS and ODG guidelines are silent regarding the use of Ritalin. The latter is used as central nervous system stimulant to treat narcolepsy and attention deficit disorders. There is no evidence that the patient is suffering from narcolepsy or attention deficit disorders. There are no studies supporting the use of Ritalin for chronic pain, myofascial pain and back pain. Therefore the prescription of Ritalin is not medically necessary.