MAXIMUS Federal Services

| Case Number: | CM14-0209043 | | |
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| Date Assigned: | 12/22/2014 | Date of Injury: | 11/15/2002 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

## 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 Rehab, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of November 15, 2002. A utilization review determination dated December 5, 2014 recommends noncertification of methylphenidate. A progress report dated November 30, 2014 identifies and subjective complaints indicating that the patient struggles with severe depression. Recently his prescription for Ritalin which seemed somewhat useful in addressing his psychomotor retardation was discontinued and his functioning decreased further. Since cessation of Ritalin, he more frequently expresses self harming ideation and extreme distress. He has lost his sense of enjoyment of nearly everything in his life and feels a foreshortened sense of future. The treatment plan recommends psychiatric support and psychotherapy. A progress report dated November 11, 2014 indicates that the patient thinks the Ritalin doesn't help with his energy at all. The note goes on to indicate that the patient uses alcohol and quit after a fall in 2010 with occasional binge drinking five days ago. The patient also has complaints of headache. A progress report dated September 17, 2014 indicates that the patient previously tried Cymbalta which caused side effects. Current medications include Motrin, Ritalin, Cymbalta, stool softener, Robaxin, and Imitrex.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methylphenidate HCL 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; National

Collaborating Center for Mental Health; National Institute for Health and Clinical Excellence (NICE); 2006 Sep. 59 p. (Clinical Guidelines; no. 72); Food and Drug Administration (FDA); Guidelines Development Group (GDG)

**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 Guideline Clearinghouse, Putting evidence into practice: interventions for depression. http://www.guideline.gov/popups/printView.aspx?id=15695.

**Decision rationale:** Regarding the request for methylphenidate, ACOEM, California MTUS, and ODG do not contain criteria for the use of this medication. The National Guideline Clearinghouse recommends the initial use of psychoeducational interventions and antidepressants. Methylphenidate may be considered but has less scientific support then antidepressants and psychoeducational interventions. Within the documentation available for review, there is no indication that the patient has exhausted all reasonable antidepressant options before being placed on methylphenidate. Additionally, there is no indication that the methylphenidate improves the patient's symptoms or overall functioning. It is acknowledged that the patient has worsening of symptoms following the elimination of methylphenidate, but it is unclear whether these are withdrawal symptoms. Additionally, the patient complains of migraine headaches, a potential side effect of methylphenidate. In the absence of clarity regarding these issues, the currently requested methylphenidate is not medically necessary.