

Case Number:	CM15-0001642		
Date Assigned:	01/15/2015	Date of Injury:	01/26/2007
Decision Date:	03/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Psychiatry

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 41-year-old male who reported an injury on 01/26/2007. The mechanism of injury was not stated. The injured worker is currently diagnosed with PTSD. A Request for Authorization form was submitted on 12/04/2014 for Ritalin 20 mg, gabapentin 100 mg, and Seroquel 100 mg. The injured worker was evaluated on 12/04/2014. It was noted that the injured worker's mood remained stable. The provider indicated that the injured worker needed to continue utilizing Ritalin 20 mg twice daily, gabapentin 100 mg 4 times daily, and Seroquel at night. The injured worker was scheduled to followup in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veteran Affairs, Department of Defense, VA/ DoD clinical practice guideline for management of major depressive disorder (MDD). Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 May. 199 p.

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.

Decision rationale: According to the U. S. National Library of Medicine, methylphenidate is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder. The injured worker does not maintain a diagnosis of attention deficit hyperactivity disorder. The injured worker is currently diagnosed with PTSD. This diagnosis has not been associated with the use of Ritalin. The medical necessity has not been established in this case. Additionally, there was no frequency listed in the request. Therefore, this request is not medically appropriate.