

<b>Case Number:</b>	CM15-0149172		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 51 year old female, who sustained an industrial injury on 8-31-1998. The medical records did not include the details regarding the initial injury. Diagnoses include cervical herniated nucleus pulposus, bilateral carpal tunnel syndrome, left cubital tunnel syndrome, cervical radiculopathy, status post cervical fusion, lumbar spine herniated nucleus pulposus, gastritis secondary to medications, stress, anxiety, and depression, and status post bilateral shoulder arthroscopy. Treatments to date include activity modification, low back brace and soft cervical collar, cane and walker for ambulation, medication therapy and physical therapy and psychotherapy. Currently, she had multiple complaints including pain in the neck, low back, bilateral wrists, abdominal pain, migraine headaches and insomnia with frequent nausea and loss of appetite. On 6-3-15, the physical examination documented multiple areas of tenderness, muscle spasms, trigger points, and decreased range of motion. The medical records included an evaluation dated 6-10-15, indicating reports of increased depression. The appeal requested authorization for prescriptions for Ritalin 202mg #120; Motrin 800mg #60; and Colace 250mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ritalin 202mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Methylphenidate and Other Medical Treatment Guidelines <http://www.pdr.net/drug-summary/ritalin-la?druglabelid=1003&id=3225>.

**Decision rationale:** Ritalin or methylphenidate is a stimulate related to amphetamines. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, it may be recommended for patients with head trauma but no other information is available. As per PDR (Physician's Desk Reference), ritalin is approved for Attention Deficit Hyperactivity Disorder although it is used off label for narcolepsy and a few other problems. Documentation provided is poor to non-existent as to medical necessity of this medication. Primary treating physician, internist and neurologist has completely failed to document why patient is on this medication and what indication is met to take this medication. Their notes only mention that it is was prescribed by "other MD" but is unclear who this was and no progress note from this "other MD" was provided in the hundreds of pages of notes provided. Patient has no diagnosis listed that meets any indication for this prescription. Ritalin is not medically necessary.

**Motrin 800mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient is on ibuprofen chronically and patient has noted high blood pressure. There is no documentation of any objective improvement. Chronic use of motrin is not medically necessary.

**Colace 250mg QTY: 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. The patient is chronically on opioids. Colace prescription is medically necessary.