

Case Number:	CM15-0222688		
Date Assigned:	11/18/2015	Date of Injury:	03/28/2001
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on 3-28-2001. The injured worker was being treated for major depressive disorder. The injured worker (7-23-2015) reported he has a "great deal of pain" and feels he will need to increase the amount of his pain medication. The objective findings included anxiety, depression, denial of any suicidal or homicidal thoughts, and denial of hallucinations. The treating physician noted the injured worker was not delusional. The injured worker (8-13-2015) reported depression. The objective findings included anxiety, depression, denial of any suicidal or homicidal thoughts, and denial of hallucinations. The injured worker (9-23-2015) reported he has significant pain as he is not receiving all of the pain medication that he requires. The objective findings included depression, good eye contact, and denial of any suicidal or homicidal thoughts. Treatment has included psychotherapy and medications including a central nervous system stimulant (Dexedrine ER) and antidepressant (Paxil). The requested treatments included Dexmethylphenidate Hydrochloride ER 10mg. On 10-16-2015, the original utilization review non-certified a request for Dexmethylphenidate Hydrochloride ER 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexmethylphenidate Hydrochloride ER 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com 2015. Focalin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Methylphenidate and Other Medical Treatment Guidelines Focalin prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001 when he fell 20 feet from a telephone pole. He underwent an L3 corpectomy with anterior and posterior fusion with hardware removal in October 2004. He continues to be treated for chronic pain and major depressive disorder. Medications include Paxil and Dexedrine ER for depression and he continues to receive psychotherapy treatments. When seen by the primary treating provider, he reported that the psychological treatments were helpful. He was having low back pain with left lower extremity radiating symptoms and bilateral buttock and groin pain. Physical examination findings included a body mass index over 34. He had an antalgic gait and was using a cane. There was lumbar paraspinal tenderness and pain with range of motion. In September 2015 his psychologist documents that the claimant was trying to read newspapers as exercise for his brain but was having very poor retention. When seen for psychiatric follow-up, he was having significant pain. He remained depressed and continued psychotherapy was recommended. Medications were continued. Dexmethylphenidate hydrochloride is being requested. Dexmethylphenidate hydrochloride (Focalin) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). The claimant does not have this condition. Methylphenidate, another stimulant medication, can be recommended to improve memory, attention, concentration, and mental processing following traumatic brain injury. The claimant sustained a significant fall and, if a psychostimulant was being considered for this reason, a trial of methylphenidate rather than the Dexedrine ER he is already taking could be considered. Overprescribing of stimulant medications increases the risk of side effects and promotes dependence on these medications and should be avoided. Regardless, prescribing dexmethylphenidate hydrochloride is not medically necessary.