MAXIMUS Federal Services

Case Number:	CM15-0055733		
Date Assigned:	03/30/2015	Date of Injury:	08/31/1998
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 August 31, 1998. She has reported cervical and lumbar spine pain and has been diagnosed with sprain and strain of lumbosacral and other postsurgical status other. Treatment has included medications. Currently the injured worker had guarding and tenderness of the cervical and lumbar spine. The treatment request included ritalin and lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 20mg, 2 three times a day #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Methylphenidate: Drug information. Topic 9638, version 149.0. UpToDate, accessed 05/04/2015.

Decision rationale: Ritalin (methylphenidate) is a medication in the central stimulant class. The MTUS Guidelines are silent on this issue. This medication is FDA-approved for the treatment of attention-deficit/hyperactivity disorder. There is also literature to support its use in treating depression and fatigue in the setting of terminal illness and fatigue in some adult cancer survivors. The submitted and reviewed documentation indicated the worker was experiencing upper and lower back pain, arm weakness, problems with walking, and depressed mood. Assessments of these issues were minimal and did not include many of the elements encouraged by the Guidelines. There was no suggestion the worker was suffering from any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 180 tablets of Ritalin (methylphenidate) 20mg taken two tablets three times daily is not medically necessary. While the literature supports the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Lexapro 20 twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain, Specific Antidepressants, Selective Serotonin Reuptake Inhibitors Page(s): 13-14, page 16, page 107.

Decision rationale: Lexapro (escitalopram) is an antidepressant medication in the class of selective serotonin reuptake inhibitors (SSRIs). The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage the inclusion of pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects in the documented assessments of treatment efficacy. The submitted and reviewed documentation indicated the worker was experiencing upper and lower back pain, arm weakness, problems with walking, and depressed mood. Assessments of these issues were minimal and did not include many of the elements encouraged by the Guidelines. There was no suggestion that the worker's pain, depressive symptoms, or function improved with the use of escitalopram. In the absence of such evidence, the request for sixty tablets of Lexapro (escitalopram) 20mg to be taken twice daily is not medically necessary.