

Case Number:	CM14-0132135		
Date Assigned:	08/22/2014	Date of Injury:	11/22/2010
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 70 year old female who sustained injuries to her wrist and trauma to the head as a result of a fall occurring on 11/22/10. She is status post left carpal tunnel release on 04/25/14. Per qualified medical evaluator (QME) dated 08/05/14 the injured worker complains of memory problems and cognitive issues secondary to sustaining head trauma as a result of the slip and fall. The QME notes that at one point the injured worker was placed on Ritalin which caused motor tics and was subsequently discontinued. Utilization review determination dated 07/23/14 non-certified the request for Ritalin 10 milligrams quantity 75 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 10mg 75 tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Weaning of Stimulants

Decision rationale: The request for Ritalin 10 milligrams 75 tablets is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained

head trauma secondary to a fall on 11/22/10. Panel qualified medical evaluator (QME) notes that the injured worker has previously been placed on Ritalin which was subsequently discontinued secondary to the development of motor tics. As such the medical necessity for the use of this medication would not be established secondary to documented side effects.