

Case Number:	CM14-0211325		
Date Assigned:	12/24/2014	Date of Injury:	11/17/2005
Decision Date:	02/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 year old male patient who sustained a work related injury on 11/17/05. Patient sustained the injury due to a fall. The current diagnoses include C5-C6 disc bulge with right sided radiculopathy, internal, right medial meniscus tear, diabetes. Per the doctor's note dated 10/16/14, psychological examination revealed mild deficits in short-term auditory memory, dozes off more so than the average person, an acute level of anxiety. The current medication lists include Namenda XR, Concerta(extended release methylphenidate), Provigil, Abilify, Lexapro and Wellbutrin. The patient has had lumbar MRI on 01/20/06 that revealed severe spinal stenosis L4-5 secondary to 9 mm central and left paracentral disc herniation and facet hypertrophy; Moderate spinal stenosis, posterior disc bulging and facet hypertrophy; MRI of the cervical spine on 01/20/06 that revealed disc protrusion and foraminal narrowing at the C4- 5, 5-6 and 6-7 levels secondary to 2-3mm diffuse posterior disc bulging and hypertrophic; 08/06/07 cervical MRI revealed C3-4 posterior central disc protrusion, a C4-5 narrowed disc space, posterior disc protrusion at C6-7 and narrowed disc space with spurring. Any operative/ or procedure note was not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylphenidate 34mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med FDA Medication Database

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 02/10/15), Weaning, stimulants, and on the Thompson Micromedex-FDA Labeled indications; Methylphenidate, Attention deficit hyperactivity disorder and Narcolepsy

Decision rationale: The California MTUS/ACOEM Guidelines do not address this medication; Methylphenidate is a central nervous system stimulant, ██████████-FDA Labeled indications of this drug include Attention deficit hyperactivity disorder and Narcolepsy. Any evidence of attention deficit hyperactivity disorder and Narcolepsy was not specified in the records provided. Rationale for the use of Methylphenidate was not specified in the records provided. A detailed history of any other psychiatric disorder that would require a stimulant medication like Methylphenidate was not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions was not specified in the records provided. The medical necessity of the request for Methylphenidate 34 mg #60 is not fully established in this patient.