

Case Number:	CM14-0214590		
Date Assigned:	01/07/2015	Date of Injury:	10/17/2007
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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:

This is a 43 year old patient who sustained injury on October 17 2007. She sustained injury to multiple areas: right arm, neck, shoulder. She was diagnosed with low back pain. She also had issues with insomnia and chronic neck pain. She had multiple treatment modalities: psychotherapy, acupuncture, massage therapy. She underwent surgery of the right shoulder and had a right carpal tunnel release. She was prescribed multiple medications: Percocet, norco, lunesta, Ritalin, lyrica, Ativan, Cymbalta, Prilosec and zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,91.

Decision rationale: Norco is an opioid. Per MTUS, Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short-acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tyloxv, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain.

Ritalin 10mg #60: 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 National Center for Biotechnology Information's PubMed Database <http://www.ncbi.nlm.nih.gov/pubmed/12506813>
<http://www.ncbi.nlm.nih.gov/pubmed/15166683>

Decision rationale: MTUS and ACOEM do not address this medication; alternate guidelines were sought. Methylphenidate (Ritalin) is a commonly used central nervous stimulant. It has been used in various neurological conditions, including attention deficit disorder, depression, and narcolepsy. Methylphenidate has been advocated in patients with traumatic brain injury and stroke for a variety of cognitive, attention, and behavioral problems. This patient was noted to have issues with daytime sleepiness. Ritalin would not be appropriate for usage in this patient, who had issues with insomnia but no issues with narcolepsy or other appropriate indications as above.