

Case Number:	CM15-0065932		
Date Assigned:	04/13/2015	Date of Injury:	03/21/2000
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female patient who sustained an industrial injury on 03/21/2000. A primary treating office visit dated 02/06/2015 reported subjective complaints of having increased pain since the last visit. Her quality of sleep is poor. She rated her pain a 5 out of 10 with medications and a 8.5 out of 10 in intensity without medications. Current medications are: Duragesic 75mcg patch, Effexor Xr, Kondremul Plain Liquid, Lamotrigine, Lidoderm %5 patch, Methylphenidate, skelaxin, Wellbutrin, Amitiza, Colace and Trazodone. Prior surgical intervention showed cervical fusion C5-7 anterior 01/02/2001, right shoulder 12/2006, and carpal tunnel bilateral 2004. Prior diagnostic testing to include: nerve conduction study, radiography, magnetic resonance imaging, and urine screening. The following diagnoses are applied: carpal tunnel syndrome; right shoulder pain; disc disorder cervical and spasm of muscle. The plan of care involved increasing Norco temporarily this month from 5 day to 6 day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylphenidate 20mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National collaborating Center for Mental Health, Diagnosis and Management of ADHD in children, young people and adults. London

(UK): National Institute for Health and clinical Excellence (NICE), 2008 Sep. 59 p. (Clinical guideline: no. 72).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Dependence & Addiction, page 86. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA and National Guideline Clearinghouse, Use of Ritalin for Attention-deficit hyperactivity disorder (ADHD), narcolepsy, traumatic brain disorder. Rx list Ritalin in class with high potential for abuse and prolonged use may lead to drug dependency.

Decision rationale: The Guidelines have no specific recommendation for Methylphenidate, a central nervous system stimulant, but does note stimulants under Opiates, Dependence and Addiction, as a serious substance for misuse along with cocaine and amphetamines. Significant side effects and drug warnings include sudden death and serious cardiovascular events such as cardiomyopathy, heart rhythm abnormalities, myocardial infarction, and stroke. FDA and manufacturer list Ritalin in the treatment option for diagnoses of Attention-Deficit Hyperactivity Disorder (ADHD) and Narcolepsy, not documented here. Particular care should be taken while using stimulants with comorbid seizure history, bipolar illness, drug dependence or alcoholism, peripheral vasculopathy, and visual disturbances. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings, or ADLs limitations to support the use of Ritalin under the patient's listed diagnoses. The Methylphenidate 20mg, #120 is not medically necessary and appropriate.