

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	7/15/2003
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010390

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 5/500mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Paroxetine 30mg #60 is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 11/13/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 5/500mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Paroxetine 30mg #60 is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a represented former 43-year-old [REDACTED] warehouse manager who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 16, 2005.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; psychotropic medications; and extensive periods of time off of work.

In a prior Utilization Review Report of July 13, 2013, the claims administrator modified a prescription for Vicodin, denied a prescription for Paxil, and approved a prescription for Motrin. In an Agreed Medical Evaluation of March 13, 2013, the applicant reports ongoing mental health issues with anxiety, depression, and erectile dysfunction.

An earlier note of July 17, 2012 also suggests that the applicant is using Paxil for depression. A July 8, 2013, note suggests that the applicant is having ongoing issues with pain and spasm. He remains off of work, it is suggested, and receives medications refills for Paxil, Vicodin, and Motrin.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Hydrocodone 5/500mg #90:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, pg 80, which is a part of the MTUS.

Rationale for the Decision:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioids include evidence of successful return to work, improved functioning, and/or reduced pain through prior usage of the same. The medical records reviewed in this case indicate the employee remains off of work, on total temporary disability. There is no clear evidence of improved function and/or reduced pain affected through prior usage of Vicodin. **The request for Hydrocodone 5/500mg #90 is not medically necessary and appropriate.**

2) Regarding the request for Paroxetine 30mg #60 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Mental Illness and Stress, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Selective serotonin reuptake inhibitors (SSRIs), pg. 16, which is a part of the MTUS.

Rationale for the Decision:

As noted on page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, suggest the main role of SSRIs, such as Paxil, may be in addressing psychological symptoms associated with chronic pain. The medical records reviewed in this case indicate the employee does seem to have ongoing issues with psychological stress and depression associated with chronic pain. Usage of Paxil is indicated in this context. **The request for paroxetine 30mg #60 is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.