MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/4/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/12/2013
Date of Injury:	5/26/2013
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010449

1) MAXIMUS Federal Services, Inc. has determined the request for **home health care is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Remeron is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Xanax is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **Lexapro is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **Oxycontin is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **home health care is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Remeron is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Xanax is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **Lexapro is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **Oxycontin is not 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 Family Practice, has a subspecialty in ABPM 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:
65 yr old female claimant who sustained an injury on 5/26/93 and has chronic back pain, left knee pain, anxiety and depression. Prior progress notes from 12/17/12 indicate a 7/10 pain which increases with activities of daily living. The reange of motion of the cervical spine was limited. At the time Demerol, Xanax, Restoril and Lexapro were prescribed. A progress note from 3/4/13 showed similar findings and the use of the same medications aloing with Gucosamine and Chondrotin Sulfate. The medications in dispute were continued thorugh out the year and most recentlky noted in July 2013.

A progress note on 7/22/13 documented a diagnosis of low back pain, insomnia, anxiety, depression, and cervical radiculopathy. A knee brace was recommended, and a psychiatry evaluation was recommended for manageing anxiety.

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 home health care:**

   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, Home Health Services, which is part of MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Home Health, pg 51, which is part of MTUS.

   Rationale for the Decision:
   According to the MTUS guidelines, home heath services are recommended for those who are homebound. It does not include treatment for services like shopping, cleaning, dressing, bathing, etc. Although there is mention of some difficulty with activities of daily living, there is no indication that home health services are medically necessary or that the employee is home bound. **The request for home health care is not medically necessary and appropriate.**

2) **Regarding the request for Remeron:**

   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 ODG, Mental Illness and Stress Chapter, Antidepressants for treatment of MDD; and the following website: www.drugs.com/remeron, which are not part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Antidepressants, pg 13, which is part of the MTUS.

   Rationale for the Decision:
   Remeron is an antidepressant used for major depressive disorder. There is no indication in the medical documentation of a major depressive disorder or a psychiatry evaluation providing that diagnosis or medication treatment. Furthermore, according to the guidelines, antidepressants can be used for neuropathic pain for up to 4 weeks. In this case the medication was given for several months. **The request for Remeron is not medically necessary and appropriate.**

3) **Regarding the request for Xanax:**

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 part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Benzodiazapines, pg 24, which is part of MTUS; and the Official Disability Guidelines (ODG), Benzodiazapines, which is not part of MTUS.

Rationale for the Decision:
Benzodiazepine (Xanax) is not recommended by the MTUS Chronic Pain Guidelines for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. According to the ODG guidelines, Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety**. The request for Xanax is not medically necessary and appropriate.**

4) **Regarding the request for Lexapro:**

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 part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), SSRI, pg 107, which is part of MTUS.

Rationale for the Decision:
According to the MTUS guidelines, Lexapro is not recommended for chronic pain. The documentation states it was used for pain. In addition, Lexapro may have a role in treating secondary depression. It has been suggested that the main role of Lexapro may be in addressing psychological symptoms associated with chronic pain. It is not documented that the use of Lexapro is for chronic depression or depression secondary to pain. As a result it is not known if its use is secondary to the injury. **The request for Lexapro is not medically necessary and appropriate.**

5) **Regarding the request for Oxycontin:**

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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines opiods, pages 75-86, which are part of the MTUS.

Rationale for the Decision:
The medical records submitted for review provide very little documentation as to the dose, titration or functional assessment in regards to use of the medication. Furthermore according to the guidelines, acetaminophen is considered 1st line for treatment of osteoarthritis. Oxycontin is a long acting opioid and the lowest possible dose of opioids should be given to assess improvement in pain and function. This information is not in the documentation. **The request for Oxycontin is not 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.