

Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/1/2013
Date of Injury: 4/3/2006
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015881

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of buspirone is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of duloxetine is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **cognitive behavioral therapy is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of trazodone is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/10/2013. 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 **one prescription of buspirone** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of duloxetine** is **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **cognitive behavioral therapy** is **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of trazodone** 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 Psychiatry, 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:

This is a 34 year old female injured on 4-3-06. She suffered symptoms of depression, anxiety, insomnia, left wrist and hand pain, numbness and tingling along with right shoulder pain. MMPI revealed severe depressive symptoms along with borderline psychotic symptoms. Her Beck Depression Inventory showed severe depression. Her Beck Anxiety Inventory showed severe anxiety. She was treated with psychiatric medication.

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 one prescription of buspirone:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15) pg. 402, which is part of the MTUS.

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

Rationale for the Decision:

Buspirone (Buspar) is not recommended in the CA MTUS Chronic Pain Guidelines. The employee suffered from anxiety symptoms and was diagnosed with panic disorder by [REDACTED], MD during an Agreed Medical Evaluation with a report dated 11-20-12. He stated buspirone would not be effective for this employee. Buspirone is widely recognized as having very low efficacy for anxiety within the psychiatric community. The employee denied having panic disorder. Given the employee's lack of acknowledging psychiatric symptoms, the absence of buspirone in the MTUS guidelines, the AME psychiatrist's recommendation against and the widely known lack of anxiolytic efficacy for buspirone, this examiner does not recommend buspirone. **The request for one prescription of buspirone is not medically necessary and appropriate.**

2) Regarding the request for one prescription of duloxetine:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15) pg 388, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 42, which is part of the MTUS

Rationale for the Decision:

Duloxetine is mentioned as effective for pain in the MTUS Chronic Pain Guidelines page 42/127. It is reasonably safe and effective in the long term. Liver function and other monitoring are recommended. The records submitted for review indicate that the employee has left wrist and hand pain as well as right shoulder pain. **The request for one prescription of duloxetine is medically necessary and appropriate.**

3) Regarding the request for cognitive behavioral therapy:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 101-102, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that cognitive behavioral therapy (CBT) have been found to be particularly effective during treatment for chronic pain. CBT is often helpful for many but not all patients. It seems conservative and reasonable within the MTUS guidelines to allow a trial of four CBT sessions for the employee with more possibly being approved if efficacy is documented in the first four sessions. **The request for cognitive behavioral therapy is medically necessary and appropriate.**

4) Regarding the request for one prescription of trazodone:

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (entire document), which is part of the MTUS, and the Official Disability Guidelines (ODG) Drug Formulary, which is not part of the MTUS.

Rationale for the Decision:

Trazodone is not mentioned in the MTUS Chronic Pain Guidelines as being effective for chronic pain. It is generally not recognized as being effective for anxiety. The Official Disability Guidelines do discuss Trazodone for insomnia. It is not recommended first line for insomnia. Given that this employee insists that this employee does not have any psychiatric symptoms, and in light of the above rationale given by this reviewer, it is recommended that the request for trazodone is not recommended. **The request for one prescription of trazodone 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.