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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

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[redacted]

Dated: 12/19/2013

IMR Case Number:	CM13-0019654	**Date of Injury:**	04/20/2005
Claims Number:	[redacted]	**UR Denial Date:**	08/08/2013
Priority:	STANDARD	**Application Received:**	09/03/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
SEE ATTACHMENT : Cymbalta 30mg #60, Buspirone 10mg #60, Estazolam 2mg # 30			

DEAR [redacted] ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male with several dates of injury noted in the medical records. The first listed date of injury is 2/24/92 and the second date of injury listed is 4/20/2005. The mechanism of injury for both dates is not documented in the available medical records. According to provider notes dated 08/2012 - 07/2013, the patient has predominantly complained of lower back pain, left hip pain and right knee pain. The records state that the patient had a surgical procedure (specifics not listed) on his right knee and also a lumbar spine laminectomy (date not specified). The provider records dated 1/2013 – 07/2013 note a predominance of left hip pain and right knee pain. Radiographic reports of the hip, knee and back are not included. Treatment thus far has included a reported surgery on the right knee and lower back as well as medications. There is one provider report dated 07/2013 listing the diagnosis of depression with anxiety without any supportive documentation or subjective and objective findings. There is no documentation of actual treatment with the medications requested above. Objective: right knee swelling, right knee limited range of motion, right knee positive McMurray's test. Diagnoses: right knee arthritis, lumbar spinal stenosis, depression, anxiety. Treatment plan and request: Cymbalta, Buspirone, Estazolam.

IMR DECISION(S) AND RATIONALE(S)

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

1. 60 Cymbalta 30mg is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines , Anti-depressants, pages 15-16, which is part of the MTUS.

The Physician Reviewer's decision rationale:
This employee has complained predominantly of lower back pain, left hip pain and right knee pain. The employee has been diagnosed with right knee arthritis, lumbar spinal stenosis, depression, anxiety. Treatment has included two surgeries, one knee surgery and one lumbar spine surgery, as well as pain medications. The available medical records show one note from a psychiatrist dated 07/2013 which does not document any subjective or objective findings of anxiety or depression or any ongoing treatment with psychiatric medications. The date of request for the above medication is 7/8/13. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is no documentation in the available medical records supporting any of these diagnoses. **The request for 60 Cymbalta, 30mg is not medically necessary and appropriate**

2. 60 Buspirone 10mg is not medically necessary and appropriate.

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

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on md.consult.com, drugs: indications and dosages, which is not part of the MTUS.

The Physician Reviewer's decision rationale:
This employee has complained predominantly of lower back pain, left hip pain and right knee pain. The employee has been diagnosed with right knee arthritis, lumbar spinal stenosis, depression, anxiety. Treatment has included two surgeries, one knee surgery and one lumbar spine surgery, as well as pain medications. The available medical records show one note from a psychiatrist dated 07/2013 which does not document any subjective or objective findings of anxiety or depression or any ongoing treatment with psychiatric medications. The date of request for the above medication is 7/8/13. The MTUS contains no guidelines in reference to this medication. Per the guideline cited above, Buspirone is FDA approved as a first line, short term treatment for the diagnoses of anxiety and generalized anxiety disorder. There is no documentation (subjective or objective) in the available medical records to support the presence of these diagnoses in this employee. **The request for 60 Buspirone 10mg is not medically necessary and appropriate**

3. 30 Estazolam 2mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (Chronic), Benzodiazepines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, benzodiazepines, page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:
This employee has complained predominantly of lower back pain, left hip pain and right knee pain. The employee has been diagnosed with right knee arthritis, lumbar spinal stenosis, depression, anxiety. Treatment has included two surgeries, one knee surgery and one lumbar spine surgery, as well as pain medications. The available medical records show one note from a psychiatrist dated 07/2013 which does not document any subjective or objective findings of anxiety, depression or insomnia, or any ongoing treatment with psychiatric medications. The date of request for the above medication is 7/8/13. Estazolam, a benzodiazepine derivative, is indicated for the short term (2-4 weeks only) treatment of insomnia. Generally, benzodiapeines are not recommended for long term use because their long term efficacy has not been proven and there is a high risk of dependency for these medications. There is no documentation of the diagnosis of insomnia in this employee in the available medical records. There is a documentation of sleep disturbance, which is further characterized as obstructive sleep apnea. On the basis of lack of documentation of any indication for the use of Estazolam and per the MTUS guideline above, the use of Estazolam is not indicated as clinically necessary. **The request for 30 Estazolam 2mg is not medically necessary and appropriate.**

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.

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