

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

8/2/2011

7/22/2013

CM13-0002243

- 1) MAXIMUS Federal Services, Inc. has determined the request for Steroid Injection for the bilateral shoulders **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Wellbutrin 75mg twice daily **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 Steroid Injection for the bilateral shoulders **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Wellbutrin 75mg twice daily **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Physical Medicine & Rehabilitation and Pain Management 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

“Review of the medical documentation identifies the patient sustained an industrial injury on 08/02/2011.

The patient has been under the care of treating physician for cervicalgia, disorder of bursae and tendons in shoulder, depressive disorder, and anxiety state.

The most recent progress note dated 06/28/13 is provided for review. The patient presented with complaints of neck pain and bilateral shoulder pain. The patient is doing better with Medrox. Pain is rated at 7/10 with medications and 8/10 without medications. The patient reports worsening depression symptoms of hypersomnia, anxiety, not wanting to do anything, sadness. Objective findings reveal neck stiff with paraspinous muscle tenderness. Sensation decreased to light touch and pinprick in the right C7, C8 dermatomal distribution. Full cervical and lumbar range of motion, full strength. Right shoulder range C8 dermatomal distribution. Full cervical and lumbar range of motion, of motion is 50% of normal. Wellbutrin was discontinued due to denial.”

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 for Independent Medical Review received (07/22/2013)
- Utilization Review from [REDACTED] (dated 07/09/2013)
- Employee Medical records from Employee Representative (dated 07/17/2013)
- Medical Treatment Utilization Schedule

1) Regarding the request Steroid Injection for the bilateral shoulders:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 9, Shoulder Complaints, Initial Care, which is part of the Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG), Shoulder, Steroid Injections, which is not part of the MTUS. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 8/2/2011. The medical records provided for review indicate diagnoses included cervicgia, disorder of bursae and tendons in shoulder, depressive disorder, and anxiety state. The request is for steroid injection to for the bilateral shoulders.

MTUS Guidelines state that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines have provision for attempting steroid injections of the shoulder following 2-3 weeks of conservative therapy. The MRI of the right shoulder shows objective evidence for impingement. **The request for steroid injection to for the bilateral shoulders is medically necessary and appropriate.**

2) Regarding the request for Wellbutrin 75mg twice daily:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), page 13-16, antidepressants for chronic pain, which is part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 8/2/2011. The medical records provided for review indicate diagnoses included cervicalgia, disorder of bursae and tendons in shoulder, depressive disorder, and anxiety state. The request is for Wellbutrin 75mg twice daily.

MTUS Guidelines state that tricyclic anti-depressants are an option in chronic neuropathic pain. Wellbutrin is also FDA indicated for the treatment of depression. In the case of this injured employee there is evidence of depression and chronic pain. **The request for Wellbutrin 75mg twice daily 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

/slm

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.