

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

8/31/2009

7/22/2013

CM13-0002498

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Pennsaid Solution is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Risperidone 0.5mg 1 PO qhs is not 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 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 **Pennsaid Solution is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Risperidone 0.5mg 1 PO qhs 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 Internal 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“According to the records made available for review, this is a 58-year-old male patient, s/p injury 8/31109. The patient most recently (6/20/13) presented with improved mood and continued daytime sedation. Physical examination revealed that on psychological testing, the patient scored 29, which is consistent with moderate depression at the high end of the range. 3/6/13 medical report states that the patient also has ongoing right shoulder as well as right neck pain that radiates down the right arm and sometimes to the hand as well. Physical examination revealed absent reflexes in the biceps, triceps, and brachial radialis. Current diagnoses include major depression, chronic pain syndrome associated with psychological factors and a general medical condition, right shoulder pain s/p arthroscopy, cervicalgia, cervical spondylosis, and cervical radiculitis per EMG. Treatment to date includes 2 cervical epidural steroid injections and medications. Treatment requested at the time of the 7/1/13 determination included Pennsaid and Risperidone 0.5 mg one PO QHS. An appeal is requested.”

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 ([REDACTED])
- Utilization Review Determination from [REDACTED] ([REDACTED])
- Medical Records provided by the claims administrator and the employees attorney
- Medical Treatment Utilization Schedule

1) Regarding the request for Pennsaid Solution:

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, page 47, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, page 67, which is part of the MTUS.

Rationale for the Decision:

The employee injured his right shoulder and neck on 8/31/09. The submitted medical records noted right shoulder, neck and arm pain and marked swelling and loss of range of motion in the shoulder. The employee's diagnoses include major depression, chronic pain syndrome associated with psychological factors and a general medical condition, cervicalgia, right shoulder pain status post arthroscopy, cervical spondylosis, and cervical radiculitis per EMG. Prior treatment has included cervical epidural steroid injection, surgery, and physical therapy. A request has been submitted for Pennsaid Solution.

The guidelines note that NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The guidelines note that there is no evidence to recommend one drug in this class over another based on efficacy. The submitted medical records document chronic right cervical radiculopathy refractory to cervical spine epidural steroid injection with evidence of cervical spine spondylosis and absent biceps, triceps and brachial radialis reflexes. NSAIDs, including topical therapy with Pennsaid Solution, have been shown to offer improved symptomatic relief for this condition. **The request for Pennsaid Solution is medically necessary and appropriate.**

2) Regarding the request for Risperidone 0.5mg 1 PO qhs:

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

The Claims Administrator based its decision on the Physicians' Desk Reference. The provider did not dispute the guidelines used by the Claims Administrator.

The Expert Reviewer based his/her decision on the Physician's Desk Reference, Risperidone indications, which is not part of the MTUS.

Rationale for the Decision:

The employee injured his right shoulder and neck on 8/31/09. The submitted medical records noted right shoulder, neck and arm pain and marked swelling and loss of range of motion in the shoulder. The employee's diagnoses include major depression, chronic pain syndrome associated with psychological factors and a general medical condition, cervicgia, right shoulder pain status post arthroscopy, cervical spondylosis, and cervical radiculitis per EMG. Prior treatment has included cervical epidural steroid injection, surgery, and physical therapy. A request has been submitted for Risperidone 0.5mg 1 PO qhs.

The Physicians' Desk Reference notes that Risperidone is indicated for the treatment of schizophrenia and treatment of acute manic or mixed episodes associated with bipolar I disorder as monotherapy in adults and pediatrics or as adjunctive therapy with lithium or valproate in adults. Although the submitted medical records demonstrate depression and mood disturbance, there was no evidence of mania, delusions or schizophrenic symptoms for which Risperidone would be clinically indicated. **The requested Risperidone 0.5mg 1 PO qhs 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

/srb

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.