
Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 8/21/2002
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002714

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ritalin 10mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 100mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 50mg #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 Ritalin 10mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 100mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 50mg #90 **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.

Case Summary:

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

“The patient is a 46 year old male with a date of injury of 8/21/2002. The provider has submitted a prospective request for 1 prescription of transdermal Fentanyl 75mcg # 15, 1 prescription of Percocet 10/325mg #180, 1 prescription of Ritalin 10mg #60, 1 prescription of Dilaudid 4mg #120, 1 prescription of Lyrica 100mg #90, 1 prescription of Lyrica 50mg #90, 1 prescription of Maxalt MLT 10mg #18 and 1 prescription of Diclofenac 75mg #60.”

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
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ritalin 10mg #60:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pgs. 104 & 107, which is part of the California Medical Treatment Utilization Schedule.

Rationale for the Decision:

The employee has a history of chronic neck, back, and upper extremity pain due to a job related motor vehicle accident. The employee is also said to have post traumatic stress disorder and major depressive episode recurrent from said accident. Ritalin is contraindicated in this case because it is being used in the service of an “alerting agent” to offset the sedating qualities of the opiate medication that the patient is taking. Ritalin was not developed, nor does it have an indication, for this purpose. Stimulants are not used in chronic pain, especially if the designation is to offset the sedative effects of opiates. The request for Ritalin 10mg #60 is not medically necessary and appropriate.

2) Regarding the request for Lyrica 100mg #90:

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), Criteria for Use of Opioids section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pg. 99, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee has a history of chronic neck, back, and upper extremity pain due to a job related motor vehicle accident. The employee is also said to have post traumatic stress disorder and major depressive episode recurrent from said accident. Pregabalin (Lyrica) was developed for the treatment of fibromyalgia that is its specific indication. It is not indicated for the treatment of chronic pain or other associated conditions. The request for Lyrica 100mg #90 is not medically necessary and appropriate.

3) Regarding the request for Lyrica 50mg #90:

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), Criteria for Use of Opioids, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pg.

99, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee has a history of chronic neck, back, and upper extremity pain due to a job related motor vehicle accident. The employee is also said to have post traumatic stress disorder and major depressive episode recurrent from said accident. Pregabalin (Lyrica) was developed for the treatment of fibromyalgia that is its specific indication. It is not indicated for the treatment of chronic pain or other associated conditions. The request for Lyrica 100mg #90 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

/ldh

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.