Maximus federal services, inc.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/29/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/17/2013
Date of Injury:	5/12/1997
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003896

1) MAXIMUS Federal Services, Inc. has determined the request for one year of Lyrica 150MG **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for one year of Sulfasalazine 500MG **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for one year of Cymbalta 60MG **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 year of Lyrica 150MG **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for one year of Sulfasalazine 500MG **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for one year of Cymbalta 60MG **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 Family Practice 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:
A brief summary obtained from an internal medicine reviewer indicated that this is a 62-year-old male patient suffered an injury in May 1997. The employee is a retired police officer who is being treated for fibromyalgia. Details of the injury are not provided, and is also diagnosed with rheumatism in July 2012. Cymbalta and Lyrica were given for treatment of his fibromyalgia. There are no other clinical notes provided. There is no indication as to how the medications are helping, clinical response, side effects, alternative there is provided etc. There is no indication as to how long the patient has been taking the medication and how the diagnosis of fibromyalgia was obtained.

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:

1) **Regarding the request for** one year of Lyrica 150MG **:**
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Pregabalin, pg 99, which is a part of 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:
MTUS guidelines indicate the use of Lyrica to treat fibromyalgia. However, there are no clinical notes provided to support the use of Lyrica, and there is no documentation of clinical response to the medication. The request for one (1) year of Lyrica **is not medically necessary and appropriate.**

2) **Regarding the request for** one year of Sulfasalazine 500MG **:**
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Scottish Intercollegiate Guidelines Network (SIGN). Management of early rheumatoid arthritis. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGNS); 2011 Feb. pg. 27 (SIGN Publication; no 123), which is not a part of 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 Workman's Compensation, the Expert Reviewer based/his/her decision on Arthritis Rheum. 2013 1. Aug; 65(8):1985-94. Doi: 10.1002/art.38012. Validation of the methotrexate-first strategy in patients with early, poor-prognosis rheumatoid arthritis: results from a two-year randomized, double-blind trial. O'Dell JR, Curtis JR, Mikuls TR, Cofield SS, Bridges SL Jr, Ranganath VK, Moreland LW; TEAR Trial Investigators, as well as N Engl J Med. 2013 Jul 25;369(4):307-18. doi: 10.1056/NEJMoa1303006. Epub 2013 Jun 11. Therapies for active rheumatoid arthritis after methotrexate failure. O'Dell JR, Mikuls TR, Taylor TH, Ahluwalia V, Brophy M, Warren SR, Lew RA, Cannella AC, Kunkel G, Phibbs CS, Anis AH, Leatherman S, Keystone E; CSP 551 RACAT Investigators.

Rationale for the Decision:
CA MTUS does not address this topic. As supported by the literature referenced above first-line therapy is often Methotrexate for the treatment of rheumatism. Sulfasalazine is not first-line therapy for rheumatism. The medical records provided for review do not document evidence to support the benefit of Sulfasalazine in the employee. The use of Sulfasalazine **is not medically necessary and appropriate.**

3) **Regarding the request for** one year of Cymbalta 60MG **:**
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 guidelines. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Antidepressants, pg. 13, 14, which is a part of MTUS.

Rationale for the Decision:
MTUS guidelines indicate that Cymbalta is an antidepressant and antidepressants are often used for neuropathic pain. Additionally, Cymbalta was found to be safe for women with fibromyalgia up to 12 weeks. The medical records provided for review indicated that it was being used for the treatment of fibromyalgia over the past year. However there is no documented evidence to support the diagnosis of fibromyalgia or the use of Cymbalta over the past year. The request for Cymbalta 60mg **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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: [redacted]

/sce

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.