MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/13/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/19/2013
Date of Injury:	6/8/2003
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005171

1) MAXIMUS Federal Services, Inc. has determined the request for **Lorazepam 1mg #30 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg #180 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request **for Celexa 40mg #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 **Lorazepam 1mg #30 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg #180 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Celexa 40mg #30 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 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.

Expert Reviewer Case Summary:
The patient has a history of right knee failed ACL (anterior cruciate ligament) reconstruction, recurrent DVT (deep venous thrombosis) of the right leg, chronic neck and back pain, depression and long-term use of opioids. The patient sustained a work injury in June 2003 after tennis shoe got stuck in a rubber mat. The patient had a twisting injury to the knee along with severe pain to her right hip and buttocks. Examination on August 8, 2013 stated that she was receiving Norco for pain as well as Ativan for anxiety and Celexa for her depression as well as her gluteal pain. The patient has also been using Thermacare patches for her back pain. The patient can still walk walk, stretch, do stretching exercises size bike.

They're have been examination notes nearly monthly for 1 year prior to this last visit documented. There has been recurring documentation of long-term use of opioids and high-risk for medication. There in fact is an earlier note from December 6, 2012 where at that time Celexa and Norco were refilled as well. There are also prior notes dating back before June 2013 for the use of lorazepam.

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 of Independent Medical Review
- Utilization Review Determination UniMed Direct
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Lorazepam 1mg #30:**
   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, page 24, which is part of the 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:
   Medical records submitted and reviewed indicate that benzodiazepines are not recommended for long-term use because efficacy is unproven and risk of dependence is high according to the Chronic Pain Medical Treatment Guidelines in the MTUS. These guidelines also state that the medication is more appropriately used for four weeks. The records show that the employee has been using lorazepam for more than a month. **Therefore, the request for Lorazepam 1mg #30 is not medically necessary or appropriate.**

2) **Regarding the request for Norco 5/325mg #180:**
   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, page 81, which is part of the MTUS.

   The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines, pages 75, 83, 85 - 86, which is part of the MTUS, as well as the Official Disability Guidelines (ODG), Opioids and Long Term Use chapter, which are not part of the MTUS.

   Rationale for the Decision:
   The medical records provided were reviewed and showed that there was a recurrent documentation of the risk of dependance and addiction in the chart notes. According to the chronic pain medical treatment guidelines and ODG- a risk questionnaire and screening tool should be used. Such questionnaires include a prescription drug use questionnaire and the prescription opioid abuse in chronic pain patients.

These or any equivalent tools were not noted in the documentation. Norco is a short acting opioid and is used for breakthrough pain. Long-acting opioids can provide stable medication levels have a proposed advantage. Furthermore a treatment agreement is recommended and chronic use as outlined in the ODG. **Therefore, the request for Norco 5/325mg #180 is not medically necessary.**

3) **Regarding the request for Celexa 40mg #30:**
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, pages 13 - 14, which is part of the MTUS, as well as the Official Disability Guidelines, which is not part of the MTUS.

The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines, page 107, which is part of the MTUS, as well as the Official Disability Guidelines, which is not part of the MTUS.

Rationale for the Decision:
The medical records submitted were reviewed alongside relevant guidelines. The Official Disability Guidelines suggest a red flag when SSRIs (selective serotonin reuptake inhibitors) are used in conjunction with opioids as a potential for abuse. Celexa is an SSRI. Although the chronic pain medical treatment guidelines indicate SSRIs may benefit psychological symptoms of chronic pain it is not recommended for treatment of chronic pain in itself. It may have a role in treating secondary depression. In this case because of the documented risk of abuse, the long-term use of short acting opioids in combination with Celexa the continued use of Celexa is not medically necessary and poses a risk when used the other medications above. **Therefore, the request for Celexa 40mg #30 is not medically necessary or 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

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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.