

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	12/1/2001
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005201

- 1) MAXIMUS Federal Services, Inc. has determined the request for six (6) behavioral medicine sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Senokot-S **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 six (6) behavioral medicine sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Senokot-S **is 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, Geriatric Psychiatry and Addiction 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:

This is a 62 year old female who sustained a lower back injury on 12/1/2001. Since that period of time she has been treated with chronic opiate therapy and cognitive behavioral therapy. She has shown no functional improvement and if anything, functional regression. She has been diagnosed with a depressive syndrome that does not meet criteria for a major depressive episode. The patient is taking Methadone 10 mg QD, Norco 10/325 TID, Cymbalta 60mg QD, Trazodone 50mg QHS, clonazepam 1 mg QD, and Celebrex 100mg QD.

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 six (6) behavioral medicine sessions:
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 (May, 2009 and on Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15), pg. which are a part of MTUS. And the Official Disability Guidelines (ODG), Cognitive Behavioral Therapy, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 101-102, Psychological Treatment, which is a part of MTUS.

Rationale for the Decision:

A review of the records provided indicate the employee has experienced pain beyond the usual recovery period. Cognitive behavioral therapy has been used for this employee who was at risk for concurrent depression. A usual initial trial is 3-4 psychotherapy sessions within the first 2 weeks, with a total of 6-10 sessions over 6 weeks, with evidence of functional improvement. In this particular employee, there is no evidence of functional improvement with the care provided. **The request for six (6) behavioral medicine sessions is not medically necessary and appropriate.**

2) Regarding the request for one (1) prescription of Senokot-S:
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 used to base its decision on.

The Expert Reviewer based his/her decision on the Chronic Pain Treatment Guidelines, pg 77, initiating therapy with an opiate, which is a part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Guidelines, with intermittent pain one should start with a short acting opioid, trying one medication at a time. For continuous pain extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The needs for extra opioid can then be used as a guide to determine the overall sustained release dose that is required. Only one drug should be changed at a time. Prophylactic treatment of constipation (for example with a drug such as Senokot) should be initiated. A review of the records indicates that the use of Senokot would be appropriate to offset opiate induced constipation. **The request for 1 prescription of Senokot-S 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,

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

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pr

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.