**MAXIMUS FEDERAL SERVICES, INC.**
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

## Notice of Independent Medical Review Determination

Dated: 11/15/2013

[redacted]

[redacted]

| | |
|---|---|
| Employee: | [redacted] |
| Claim Number: | |
| Date of UR Decision: | 7/3/2013 |
| Date of Injury: | 8/6/2011 |
| IMR Application Received: | 7/30/2013 |
| MAXIMUS Case Number: | CM13-0005216 |

1) MAXIMUS Federal Services, Inc. has determined the request for **psychotherapy/stress management/unspecified quantity is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Abilify (unspecified) QTY: 1.00 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Trazadone (unspecified) QTY: 1.00 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 7/3/2013. 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 **psychotherapy/stress management/unspecified quantity is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Abilify (unspecified) QTY: 1.00 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Trazadone (unspecified) QTY: 1.00 is medically necessary and appropriate.**

**Medical Qualifications of the Expert Reviewer:**

The independent Expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, has a subspecialty in Geriatric Psychiatry, 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 31 year old firefighter whose date of original injury was 8/6/11. He was conducting a drill with firehoses when he became exhausted by heat and intercurrent illness, and began to vomit. He could not complete required drill and was told that due to his lack of sick time he could either resign or utilize Workers Compensation. He stated that he experienced significant embarrassment at the hands of his peers and felt the failure. He has not worked since the original incident. He has been diagnosed with major depressive episode, single, and passive dependent personality features.

**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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for psychotherapy/stress management (unspecified quantity):**

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, pg. 100-102, which is part of MTUS and the Official Disability Guidelines (latest version), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Behavioral Interventions, pg 23, which is part of MTUS and the Official Disability Guidelines (ODG), (current version), which is not part of MTUS.

Rationale for the Decision:
A review of the medical records indicate the employee has had a significant amount of psychotherapy to date including one hospitalization of 10 days. The employee has had greater than 20 CBT sessions with no documented functional improvement. Per the MTUS guidelines for treatment of depression and pain, the lack of functional improvement suggests that further treatment will not be efficacious. **The request for psychotherapy/stress management/unspecified quantity is not medically necessary and appropriate.**

2) **Regarding the request for Abilify (unspecified) QTY: 1.00:**

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 to support its decision.

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 Workers' Compensation, the Expert Reviewer based his/her decision the ODG, (current version), Mental Illness & Stress Chapter, Aripiprazole (Abilify) section.

Rationale for the Decision:
Per the ODG, ariprazole (Abilify) is not recommended as a first line treatment. Abilify is an antipsychotic medication and antipsychotics are considered first line treatment only for schizophrenia. The records submitted for review lack sufficient documentation to support why Abilify was chosen as an augmentation strategy for this employee. There was a lack of documentation to support significant functional improvement after its introduction. **The request for Abilify is not medically necessary and appropriate.**

3) **Regarding the request for Trazadone (unspecified) QTY: 1.00:**

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 to support its decision.

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 Workers' Compensation, the Expert Reviewer based his/her decision on the ODG, (current version), Mental Illness & Stress Chapter, Trazodone (Desyrel) section.

Rationale for the Decision:
The ODG indicate Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence for use in insomnia, but it may be an option for patients with coexisting depression. Based on a review of the medical records there is sufficient rationale to support continuing use of this medication in this patient for sleep induction. **The request for Trazadone (unspecified) QTY: 1:00 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.