

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: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	8/17/2004
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005979

- 1) MAXIMUS Federal Services, Inc. has determined the request for Risperdal **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for weekly psychotherapy sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Paxil **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. 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 Risperdal **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for weekly psychotherapy sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Paxil **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, has a subspecialty in Addiction Medicine (ASAM) 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.

Expert Reviewer Case Summary:

The claimant is a 53 year old female with date of injury being 08/17/2004 suffering orthopedic problems with resultant surgeries documented in the records reviewed. After the surgeries the claimant claims her mood deteriorated due to pain and her growing frustration with the the workers compensation process. Various providers over the years have given her diagnoses of Major Depressive disorder, Anxiety disorder as well as Adjustment disorder with depressed mood and anxiety due to injury. The most recent psychiatric diagnosis from Dr. [REDACTED] report dated 5/7/13 is "Cognitive disorder, nos." Dr. [REDACTED] note of 5/7/13 had no supporting objective clinical findings to indicate and document a cognitive problem and indicates "she has no cognitive complaints." She has been treated with various psychotropic agents including antidepressants, antianxiety agents and antipsychotic medication although there are no clear objective findings of a psychotic disorder nor a psychotic diagnosis noted. The most recent clinical note from Dr. [REDACTED] on 5/7/13 indicates he was discontinuing Zoloft and re-starting the claimant on Cymbalta. There is no mention of Paxil noted in the most recent clinical notes. The 5/7/13 note also mentions that weekly psychotherapy is being tapered down to every other week for three months and then ended. Dr. [REDACTED] goes on to comment that the claimant had reached "maximum medical improvement" from psychotherapy and "reached a certain stabilization." Dr. [REDACTED] neurologist, notes in his 7/10/13 evaluation that claimant's mental status examination was normal and he found no cognitive deficits.

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 Risperdal:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based their decision on the Official Disability Guidelines (ODG), Risperidone (Risperdal), Atypical antipsychotics, which is not part of the 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 Workers' Compensation, the Expert Reviewer based his/her decision on Medline Plus, Risperdal, (online), <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a694015.html>.

Rationale for the Decision:

There were no objective clinical findings in the records reviewed to support the use of Risperdal. The most recent psychiatric report dated 5/7/13 gave no clear medical indications or rationale for the use of this drug as a first line or for augmentation of current treatment. Serial mental status examinations, psychological testing, and objective rating scales were absent and response, duration of treatment, and rationale for the use of this medication was not clearly documented. **The request for Risperdal is not medically necessary and appropriate.**

2) Regarding the request for weekly psychotherapy sessions:

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 criteria for 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 American Psychiatric Association: Psychiatric Evaluation of Adults, Second Edition, "Community standard for assessing adults with emotional complaints and then determining appropriate treatment"; "Assessment and treatment modalities including the appropriate use of medications and psychotherapy for depressive disorder" DOI: 10.1176/appi.books.9780890423363.137162 and the American Psychiatric Association Practice Guidelines, "The Treatment of Patients With Major Depressive Disorder, Third Edition"

Rationale for the Decision:

A recent, thorough psychiatric evaluation including mental status examination and then ongoing serial objective findings to substantiate what the appropriate diagnosis was for the employee was not found in the records available for review. Without the initial assessment and ongoing serial regular re-evaluations, the use of psychotherapy as a modality of treatment was not substantiated. **The request of psychotherapy sessions is not medically necessary and appropriate.**

3) Regarding the request for Paxil:

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 criteria for 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 Medline Plus, Paxil, (online), <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a698032.html> and the Physician's Desk Reference, (online), <http://www.pdrhealth.com/drugs/paxil>.

Rationale for the Decision:

There was an absence of ongoing observed, objective clinical findings and data in the records reviewed to support the use of this medication for the treatment of the employee. Response, duration of treatment, and rationale for its use was not adequately documented. **The request for Paxil 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

/lkh

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.