

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0016712	Date of Injury:	12/16/2003
Claims Number:	[REDACTED]	UR Denial Date:	08/14/2013
Priority:	STANDARD	Application Received:	08/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
RETROSPECTIVE MEDICATION QUETIAPINE FUMARATE 200MG DISPENSED 06-14-13; MIRTAZINE, CYMBALTA, CLONAZEPAM			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California, Maryland, Ohio, and Pennsylvania. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury is 12/16/2003. The reference diagnosis is a hip/thigh sprain/strain. The medical records indicates that the 41-year-old patient has history of chronic low back pain. A very detailed psychology evaluation from February 2008 describes the Axis I diagnosis of major depression with associated anxiety in partial remission. Previously, the treating physician notes from April 2007, reports the diagnoses of hypertension, sleep apnea, history of rectal bleeding, dyspepsia/reflux, anxiety/depression, chronic headaches, opioid dependence, musculoskeletal injuries, and right hip surgery in August 2004 and January 2005. An initial physician review indicates that the medical records did not support the documentation of clinical benefits to continue on multiple medications.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Quetiapine Fumarate 200mg dispensed on 6/14/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician 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 Physician Reviewer based his/her

decision on the U.S Food and Drug Administration (FDA) ,Labeling Information, which is not part of the MTUS.

The Physician Reviewer's decision rationale: FDA labeling information indicates that the medication is indicated for schizophrenia and symptoms of bipolar disorder. This medication should not be continued without regular ongoing monitoring of efficacy and side effects of this medication. The recent medical records provided for review are very limited and does not clearly document monitoring and efficacy of this medication. **The request for Quetiapine Fumarate 200mg is not medically necessary and appropriate.**

2. Mirtazapine 30mg tab dispensed on 6/14/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the U.S Food and Drug Administration (FDA) , Approved Labeling Information, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The U.S Food and Drug Administration FDA-approved labeling information states that the medication is indicated for treatment of major depression or depressive disorders. Treatment notes should document ongoing efficacy of this medication and monitoring for side effects. Recent medical records provided for review are very limited and do not clearly document such monitoring of efficacy or side effects of this medication. **The request for Mirtazapine 30mg tab dispensed on 6/14/13 is not medically necessary and appropriate.**

3. Cymbalta 60 mg capsule dispensed on 6/14/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, which is part of the MTUS.

The Physician Reviewer based their decision on the Chronic Pain Medical Treatment Guidelines, Cymbalta, pg. 15, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cymbalta, states that this drug is, "FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia...no high-quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy." The guidelines therefore support this medication for very specific uses. The recent medical records provided for review are very limited and do not clearly support a specific diagnosis or monitoring of efficacy of this medication. **The request for Cymbalta 60mg capsule dispensed on 6/14/13 is not medically necessary and appropriate.**

4. Clonazepam 1mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, which is part of the MTUS.

The Physician Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24, which is part of the MTUS.

The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule, section on benzodiazepines, states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions." This medication therefore is not supported by the guidelines for chronic use. The medical records provided for review do not indicate an alternate rationale for its use. **The request for Clonazepam 1mg dispensed on 4/25/13 is not medically necessary and appropriate.**

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[REDACTED]

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