

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 7/24/2007
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003661

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 Psychiatry, has a subspecialty in 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 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:

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

CLINICAL CASE SUMMARY

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

This case involves a 47-year-old African American male, who suffered a work related injury on 7/24/07 when an 80 foot long 300 lb. piece of iron rebar fell on him. The patient underwent surgery to replace his bone with screws in his wrist. This procedure was unsuccessful in reducing pain in his wrist. Since that time he has grown untrustworthy of doctors. He has since been diagnosed with a regional chronic pain syndrome (RCPD). The patient has been variously diagnosed with a pain disorder, major depressive disorder, post traumatic stress disorder (PTSD), undifferentiated schizophrenia, and somatoform disorder. He has been treated with Nucynta 150mg per day, Trazodone 50mg at bedtime, and Tramadol 100mg as needed.

IMR DECISION(S) AND RATIONALE(S)

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

1. Referral for psychiatric evaluation and treatment is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 10 (Elbow Complaints) (2007), page 15 and the ACOEM Guidelines, Chapter 15: Stress Related Conditions (2004), page 398, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pg 15, which is part of the MTUS. The Physician Reviewer also cited the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15) pg 398, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate that a specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities, and that some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return to work process. The guidelines also indicate that it is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks. The medical records provided for review indicate that the employee has had prior psychotherapy and psychopharmacologic treatment. The employee has also had multiple episodes of psychological testing, and there has been no functional improvement from same. The medical records do not show evidence to suggest that further treatment (continuing psychiatric treatment) will materially improve the employee's status. **The request for referral for psychiatric evaluation and treatment is not medically necessary and appropriate.**

2. Nucynta 50 mg #14 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Pain (Acute and Chronic), 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 based his/her decision on the Official Disability Guidelines (ODG), page 10.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines indicate that tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. The medical records provided for review indicate that Pain relief in this case could be provided by standard non-steroidal anti-inflammatory drug as a first-line treatment. **The request for Nucynta 50 mg #14 is not medically necessary and appropriate.**

/sh

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.

[REDACTED]

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