

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	10/20/2006
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005284

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Trazodone 50mg #30 with 2 refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pennsaid 1.5% solution #1 with 2 refills is not 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 7/12/2013. 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 **Trazodone 50mg #30 with 2 refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pennsaid 1.5% solution #1 with 2 refills 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 Family 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:

The IW is a 54 year old woman who injured her left knee in October 2007 when she tripped and fell on the job. Her diagnosis was injured femur and she underwent a knee arthroscopy which revealed chondromalacia of two compartments. She had a total knee replacement in July 2009. Since then, she continues to have chronic knee and back pain and she takes narcotics daily. Her medical diagnoses include: anxiety from kinesophobia, obesity, disrupted sleep, depressive disorder, osteoarthritis, low back pain, and psychogenic pain.

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 Trazodone 50mg #30 with 2 refills:

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 Official Disability Guidelines (ODG), Mental Illness & Stress, Trazodone (desyrel), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Mental Illness & Stress, Trazodone (desyrel), which is not part of the MTUS.

Rationale for the Decision:

A review of the medical records submitted documents that the employee continues to have problems with chronic pain, insomnia, symptoms of anxiety and depression. The employee has been under the care of mental health professional, who has prescribed Trazodone. The ODG guidelines indicate that currently Trazodone is not FDA approved for treating insomnia. Trazodone is not considered a drug of choice in treating major depression, nor is it a first line agent for chronic pain with or without major depression. **The request for Trazodone 50mg #30 with 2 refills is not medically necessary and appropriate.**

2) Regarding the request for Pennsaid 1.5% solution #1 with 2 refills:

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, Topical Analgesics, pages 111-112, which is a part of the MTUS.

The Expert Reviewer his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-112, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state that “Pennsaid contains diclofenac which is meant for topical application over a sore region of the body for pain relief.” Diclofenac is a topical NSAID and the effectiveness of topical NSAIDs has not shown any evidence of effectiveness in prospective trials. The effectiveness of topical NSAIDs is not as consistent or effective as other methods of treatment. **The request for Pennsaid 1.5% solution #1 with 2 refills 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

/mbg

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.