

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: 8/13/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: 023211020371
Date of UR Decision: 7/3/2013
Date of Injury: 11/7/2011
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001566

- 1) MAXIMUS Federal Services, Inc. has determined the requested Zolpidem 10mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Medical Creams quantity 1 **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 requested Zolpidem 10mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Medical Creams # 1 **are 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 Physical Medicine and Rehabilitation, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

“Employee is a 32-year -old female Office Worker/Accounting for [REDACTED] with a date of injury of 11/07/11 from lifting boxes. The carrier has accepted; Wrist (Right), Fingers right Elbow, right Shoulder, Cervical spine, low back. The current work status is off work. On 04/19/13 E. [REDACTED] M.D. reported no improvement in symptoms. Pain increases with ADL's and movement. Objective Decreased range of motion with pain. Right shoulder limited range of motion with pain. Positive tenderness. Plan: Medication dispensed; Omeprazole 20 mg #60. Hydrocodone 10/325 mg #60. Naproxen 550 mg 1160. Zolpidem 10 mg #30. Medications ordered: Somnicin #30. Glucosamine 500 mg 1190. Medical Creams for pain and inflammation, Urine drug screen today.

"On 06/14/13 Dr. [REDACTED] reported constant moderate sharp neck, mid & upper back pain and stiffness and constant moderate dull, sharp low back pain, and weakness radiating to legs. C/o intermittent mild dull sharp right shoulder pain, stiffness, tingling and weakness radiating to hands. Constant moderate dull, sharp Rt elbow pain, heaviness, numbness & tingling, C/o moderate dull, achy, sharp, throbbing Rt wrist pain, heaviness, numbness, tingling, weakness & cramping. C/o loss of sleep due to stress”

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 for Independent Medical View dated 7/15/2013
- Utilization Review Determination provided by [REDACTED], dated 7/03/2013
- Medical Records from 3/12/2013 to 7/03/2013
- California Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, pages 111-112
- California Chronic Pain Medical Treatment Guidelines, 2009, Topical Anagesics, pages 111-112
- Official Disability Guidelines, Current Version, Zolpidem

1) Regarding the request for Zolpidem 10mg #30:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the right wrist, fingers, right elbow, right shoulder, cervical spine, and low back on 11/07/2011. A report by her primary treating provider, dated 4/19/2013, reported no improvement, and an increase in pain occurred with activities of daily living and movement. A 6/14/2013 report noted constant, moderate sharp neck, mid & upper back pain and stiffness, and constant moderate dull, sharp low back pain, and weakness radiating to the legs. A report dated 5/17/2013 noted a subjective complaint of sleep loss due to pain. A request was made for Zolpidem 10mg #30, and Medical Creams # 1.

ODG state that Zolpidem (Ambien), is prescribed as a short-term (usually two to six weeks) treatment of insomnia. The submitted records mention that the employee was having loss of sleep due to pain; however, there is no record that the treating provider offered clarification for the sleep disturbance, cause, or if proper sleep hygiene was discussed. The requested Zolpidem 10mg #30 is not medically necessary and appropriate.

2) Regarding the request for Medical Creams # 1:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, pages 111-112, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the right wrist, fingers, right elbow, right shoulder, cervical spine, and low back on 11/07/2011. A report by her primary treating provider, dated 4/19/2013, reported no improvement, and an increase in pain occurred with activities of daily living and movement. A 6/14/2013 report noted constant, moderate sharp neck, mid & upper back pain and stiffness, and constant moderate dull, sharp low back pain, and weakness radiating to the legs. A report dated 5/17/2013 noted a subjective complaint of sleep loss due to pain. A request was made for Zolpidem 10mg #30, and Medical Creams # 1.

The submitted medical records do not indicate what type of medical cream is requested. A previous prescription, dated 2/08/2013, contained a compounded medication containing capsaicin 0.0375%, diclofenac 20%, Tramadol 20%, flurbiprofen 10%, camphor 25%, and menthol 2%. The most recent medical report (PR2) indicated the injured areas include the neck, low back, and shoulder. MTUS does not recommend these medications for the spine, hip, and shoulder. The requested Medical Creams are 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;

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

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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.