

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

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**Notice of Independent Medical Review Determination**

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	10/13/2009
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002496

- 1) MAXIMUS Federal Services, Inc. has determined the request for tramadol HCL 50mg tablet **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for zolpidem tartrate 10mg tablet **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 tramadol HCL 50mg tablet **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for zolpidem tartrate 10mg tablet **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 Physical Medicine and Rehabilitation and Pain Management 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 11, 2013:

**Response/Rationale:** 16 pages of medical and administrative records were reviewed including: 09/24/2012, follow up evaluation report, [REDACTED] M.D., QME 06/24/2013, letter from [REDACTED]. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The mechanism of injury was a fall. Medications were not provided in the medical records. The surgical history was not provided in the medical records. Diagnostic studies were a MRI of the cervical spine, no other information was provided. Other Therapies included medication, (that was not included). The patient is a 44 year old male that had a fall on 10-13-09. His last visit was in 2012, which there are no records available. The patient complained of stabbing, shooting, sharp, achy, and burning pain in the neck area. The pain was rated as 4/10 with medication and 7/10 without. The pain is aggravated by movement and changing positions, but the medication makes it better. The patient stated that he was not taking any medication at this time. The progress note stated that he has failed conservative treatment. There were no medical records sent on this. Guideline recommend documentation of the 4 A's prior to ongoing use of Tramadol. In addition,

guidelines do not recommended the long-term use of Zolpidem. As such, the tramadol and Zolpidem is non-certified. Peer to Peer contact attempt 1: 07/02/2013 04:00 PM,

### **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 Review (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/11/2013)
- **Medical records were not submitted timely by the claims administrator**
- Medical Records provided by the employee's attorney
- Medical Treatment Utilization Schedule

#### **1) Regarding the request tramadol HCL 50mg tablet:**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg.78;4, which is a part of MTUS. 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 sustained a work-related injury on 10/13/2009. The request is for Tramadol HCL 50MG Tablet.

Medical Treatment and Utilization Schedule do have provisions for opioids, but require certain criteria for ongoing monitoring. The criteria include documentation available for review of the 4 A's (adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy), which is lacking in this case.

The documentation available for review does not document ongoing monitoring of the 4 A's. Although the medical progress notes for dates of service 04/19/2013 and 6/21/13 document that a urine drug screen was performed, the results of this urine drug screen are not available for review. There is no documentation of the functional benefit of the addition of tramadol to this employee's medication regimen. **The request for Tramadol HCL 50mg tablet is not medically necessary and appropriate.**

#### **2) Regarding the request for zolpidem tartrate 10mg tablet:**

##### 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) Pain Chapter, Online Edition, Zolpidem, 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 the Official Disability Guidelines (ODG) (current edition), Pain Chapter, Zolpidem.

Rationale for the Decision:

The employee sustained a work-related injury on 10/13/2009. The request is for zolpidem tartrate 10MG Tablet.

The Official Disability Guidelines state that for insomnia management, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures.” The medical records reviewed do not mention the timeline of the insomnia and the time course for which zolpidem has been utilized. The records do not provide documentation of an examination for the cause of the insomnia and do not indicate a trial of non-pharmacologic modalities such as cognitive behavioral therapy. **The request for zolpidem tartrate 10mg tablet 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, 18<sup>th</sup> 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.