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**Notice of Independent Medical Review Determination**

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

3/21/2010

7/22/2013

CM13-0002530

- 1) MAXIMUS Federal Services, Inc. has determined the request for Sonata (Zaleplon) 10mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Xanax (Alprazolam) 0.8mg #30 **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 7/2/2013. 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 Sonata (Zaleplon) 10mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Xanax (Alprazolam) 0.8mg #30 **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 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 October 1, 2013:

“This is an injured worker with date of injury 03/21/2010. The patient was last evaluated on June 20, 2013. The patient reported left knee pain with swelling. The patient was noted to have a history of RSD s/p surgery. Physical examination revealed tenderness to palpation. There was restricted range of motion. There was pain with range of motion. There was quadriceps weakness with atrophy noted. The patient was scheduled for Synvisc injection. The patient was working full duty. Home exercise program was encouraged.”

### **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 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- Medical Records from Law Offices of [REDACTED]
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Sonata (Zaleplon) 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), (current version), Insomnia, a medical treatment guideline not part of 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 applicable and relevant to the issue at dispute. The Expert Reviewer found the MTGs used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/21/10 the employee sustained a work-related injury. The submitted and reviewed medical records note left knee pain with swelling. Medical records indicate diagnosis of left knee fracture/chondromalacia. Prior treatment has included: a long-leg cast, surgery, physical therapy, medications and Synvisc injection. A request has been submitted for Sonata (Zaleplon) 10mg #30.

The Official Disability Guidelines note non-benzodiazepine sedative-hypnotics are first-line medications for insomnia. This class of medication includes Sonata. The submitted medical records do not document a sleep disturbance which necessitates this medication. Additionally, the submitted medical records do not document efficacy or frequency and duration of this medication. The requested Sonata (Zaleplon) 10mg #30 **is not medically necessary and appropriate.**

**2) Regarding the request for Xanax (Alprazolam) 0.8mg #30:**

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), Benzodiazepines, page 24 part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/21/10 the employee sustained a work-related injury. The submitted and reviewed medical records note left knee pain with swelling. Medical records indicate diagnosis of left knee fracture/chondromalacia. Prior treatment has included: a long-leg cast, surgery, physical therapy, medications and Synvisc injection. A request has been submitted for Xanax (Alprazolam) 0.8mg #30.

MTUS Chronic Pain Guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. The submitted medical records note that the employee has been taking Xanax since at least 4/11/12.

The guidelines do not support Xanax in this case. The requested Xanax (Alprazolam) 0.8mg #30 **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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

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.