
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

Dated: 10/23/2013

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	6/28/2007
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003428

- 1) MAXIMUS Federal Services, Inc. has determined the request for Vitamin D 50,000 IU #5m with two refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 5mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one fasting lab test **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one urine drug screen **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 Vitamin D 50,000 IU #5m with two refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 5mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one fasting lab test **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one urine drug screen **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 July 8, 2013:

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Clinical Rationale

The patient is a 60 year old male with a date of injury of 6/30/2007. The provider has submitted prospective requests for 1 prescription of Vitamin D 50,000 IU #5 with 2 refills, 1 prescription of Zolpidem 5mg #30, and 1 fasting lab test. The provider has also submitted a retrospective request for 1 urine drug screen received on 5/7/2013.

According to the report dated 5/7/2013 by [REDACTED] MD, the patient had no change to hypertension, hypertensive retinopathy, diabetes mellitus, constipation, or sleep quality. On examination the patient's blood pressure was 117/71mmHg with medication at 7:30am, heart rate was 83bpm, blood glucose was 153mg/dL non-fasting. The lungs were clear to auscultation with no dullness to percussion.

The cardiovascular rate and rhythm regular S1 and S2. At that time the patient was diagnosed with hypertension with left ventricular hypertrophy, hypertensive retinopathy, hyperlipidemia secondary to hypertension, obstructive sleep apnea, constipation, status-post H. pylori treatment, diabetes mellitus.

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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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/8/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Vitamin D 50,000 IU #5m with two 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), Pain (Chronic), a medical treatment guideline (MTG) not part of the MTUS. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), Pain (Chronic), Vitamin D (cholecalciferol), a medical treatment guideline (MTG) not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/30/07. The submitted medical records note a history of hypertension, sleeplessness, fatigue and mood changes. The employee's diagnoses include hypertension with left ventricular hypertrophy, hypertensive retinopathy, hyperlipidemia secondary to hypertension, obstructive sleep apnea, constipation, status post H. pylori treatment and diabetes mellitus aggravated by work-related injury. Prior treatment has included medications and left total knee arthroplasty. A request has been submitted for Vitamin D 50,000 IU #5m with two refills.

The Official Disability Guidelines recommend consideration of vitamin D supplementation in chronic pain management but note "vitamin D is under study as an isolated pain treatment and vitamin D deficiency is not considered a Workers' Compensation condition. Musculoskeletal pain is associated with low vitamin D levels, but the relationship may be explained by physical inactivity and/or confounding factors". The submitted medical records do not include documentation of ongoing complaints of musculoskeletal pain. The requested Vitamin D 50,000 IU #5m with two refills **is not medically necessary and appropriate.**

2) Regarding the request for Zolpidem 5mg #30 :
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite evidence-based criteria for its decision. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien®), a MTG, not part of the MTUS, relevant and appropriate for the employee's circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/30/07. The submitted medical records note a history of hypertension, sleeplessness, fatigue and mood changes. The employee's diagnoses include hypertension with left ventricular hypertrophy, hypertensive retinopathy, hyperlipidemia secondary to hypertension, obstructive sleep apnea, constipation, status post H. pylori treatment and diabetes mellitus aggravated by work-related injury. Prior treatment has included medications and left total knee arthroplasty. A request has been submitted for Zolpidem 5mg #30 .

The Official Disability Guidelines recommend use of Zolpidem for short-term use, usually 2 to 6 weeks, for treatment of insomnia. The submitted medical records note that the employee appears to be taking Zolpidem on a long-term routine basis. The requested Zolpidem 5mg #30 **is not medically necessary and appropriate.**

3) Regarding the request for one fasting lab test:

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), Diabetes (type 1, 2 and gestational), a MTG not part of the MTUS. The Expert Reviewer found the Official Disability Guidelines (ODG), Diabetes (type 1, 2 and gestational), Fasting plasma glucose test (FPG), a MTG not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/30/07. The submitted medical records note a history of hypertension, sleeplessness, fatigue and mood changes. The employee's diagnoses include hypertension with left ventricular hypertrophy, hypertensive retinopathy, hyperlipidemia secondary to hypertension, obstructive sleep apnea, constipation, status post H. pylori treatment and diabetes mellitus aggravated by work-related injury. Prior treatment has included medications and left total knee arthroplasty. A request has been submitted for one fasting lab test.

The Official Disability Guidelines recommend the use of fasting blood work for the diagnosis of diabetes mellitus. The employee was noted to have a hemoglobin A1c at a high of 6.9 and is noted to receive fasting blood sugars at every visit performed. However, there is no documentation of the current medications the employee is utilizing or any other attempt to control diabetes. Additionally, there is no indication for the other lab work, including the thyroid panel and CBC. The requested one fasting lab test **is not medically necessary and appropriate.**

4) Regarding the request for one urine drug screen :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria used in its decision. The provider did not dispute the lack of guidelines used by the Claims

Administrator. The Expert Reviewer found Chronic Pain Medical Treatment Guidelines, Drug Testing, pg. 43, which is part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/30/07. The submitted medical records note a history of hypertension, sleeplessness, fatigue and mood changes. The employee's diagnoses include hypertension with left ventricular hypertrophy, hypertensive retinopathy, hyperlipidemia secondary to hypertension, obstructive sleep apnea, constipation, status post H. pylori treatment and diabetes mellitus aggravated by work-related injury. Prior treatment has included medications and left total knee arthroplasty. A request has been submitted for one urine drug screen.

The MTUS Chronic Pain guidelines recommend the use of random urine drug screens to assess for use or presence of illegal drugs. The submitted medical records do not document that the employee has been diagnosed with aberrant drug-taking behavior, and there is no documentation that the patient is taking any pain medications that would require a random urine drug screen. The requested one urine drug screen **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, 18th 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.