

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: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	1/19/2001
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0007120

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 5mg tab #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Amitiza 24mcg capsules #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/13/2013. 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 Ambien 5mg tab #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Amitiza 24mcg capsules #60 **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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained Cardiovascular Disease 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 patient is a 48-year-old female who reported injury on 01/19/2001. The mechanism of injury was stated to be the patient had been performing repetitive lifting and pushing. The patient noted that Ambien had been working well and the patient's sleep was greatly improved with Ambien. The patient noted that the pain was 8/10. The patient was noted to have a positive Phalen's and swelling of the right wrist. The patient was noted to have tenderness in the paracervical muscles. The diagnoses were stated to include post cervical laminectomy syndrome, shoulder pain and cervical pain. The treatment request was made for Ambien 5 mg tablets #30 and Amitiza 24 mcg capsules #60.

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
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Ambien 5mg tab #30:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Insomnia Treatment, 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), Pain Chapter, which is not part of the MTUS.

Rationale for the Decision:

California MTUS/ACOEM Guidelines do not address Ambien. Official Disability Guidelines recommend Ambien for a short-term treatment of insomnia. The clinical documentation submitted for review indicated the employee note of 01/07/2013 revealed the employee had Ambien that was working well and the employee's sleep was greatly improved since starting Ambien. However, the clinical documentation submitted for review failed to provide a recent thorough examination and failed to provide exceptional factors to warrant nonadherence to guideline recommendations for short-term use of the medication for insomnia. **The request for Ambien 5 mg tablets #30 is not medically necessary and appropriate.**

2) Regarding the request for Amitiza 24mcg capsules #60:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 77, which is 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 <http://www.drugs.com/search.php?searchterm=Amitiza>, which is not part of the MTUS.

Rationale for the Decision:

California MTUS/ACOEM Guidelines do not address Amitiza. Official Disability Guidelines does not address Amitiza. Drugs.com indicates that Amitiza increases the secretion of fluid in your intestines to help make it easier to pass stools. It indicates that Amitiza is used to treat chronic constipation or constipation caused by opioids. The clinical documentation submitted for review indicated as of 02/04/2013 the employee was taking Miralax and Senokot along with Colace docusate sodium 250 mg. It failed to provide the employee had signs and symptoms of constipation and that the medications that the employee was taking were not working. Additionally, clinical documentation submitted for review failed to provide a recent thorough physical examination with objective findings or

subjective complaints. **The request for Amitiza 24 mcg capsules #60 is not medically necessary and not 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

/skf

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.