

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	4/23/1999
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008283

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Gralise is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zolpidem 5MG is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Gralise is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zolpidem 5MG 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 Family Practice 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 50-year-old male who reported an injury on 04/23/1999 while shoveling mud into an excavator bucket, causing him to step into a hole and sustain a knee injury. The patient had continued knee pain that was nonresponsive to conservative treatment and received little benefit from surgical intervention. Physical findings included tenderness to palpation of the paraspinal musculature and a positive straight leg raising test at 40 degrees. It was also noted that the patient had a positive midline scar with hyperalgesia and allodynia. The patient was diagnosed with failed back surgery syndrome, degeneration of thoracic or lumbar intervertebral discs, and pain in the lower extremity joint. The patient's treatment plan included clonidine transdermal patch, Gabapentin, Gralise, Zolpidem and OxyContin.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for Gralise :**

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 California MTUS guidelines regarding antiepilepsy drugs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Antiepilepsy Drugs (AEDs), pages 16-18, which is part of MTUS.

Rationale for the Decision:

The MTUS Chronic pain guidelines recommend the use of antiepilepsy drugs (such as Gralise) for neuropathic pain or post-herpetic neuralgia. The clinical documentation submitted for review does not provide any objective clinical findings to indicate that the employee's pain is neuropathic in nature. Additionally, there is no evidence of increased functional benefit as a result of the employee's medication. **The request for Gralise is not medically necessary and appropriate.**

**2) Regarding the request for Zolpidem 5MG:**

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), online version, regarding Ambien/Zolpidem.

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, Zolpidem, which is not part of MTUS.

Rationale for the Decision:

While the clinical documentation submitted for review does indicate that the employee has symptoms that are relieved by this medication, the long term use of this medication as a nightly sleep aid is not recommended by the Official Disability Guidelines. Additionally, there is no documentation of any evaluation to attempt to use non-pharmacological measures to relieve the employee's sleep disturbances. **The request for Zolpidem 5MG 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.