

**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**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Ambien (10 mg, 30 units) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/3/2013 disputing the Utilization Review Denial dated 5/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/4/2013. 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 requested Ambien (10 mg, 30 units) **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, has a subspecialty in Pain Medicine 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 May 8, 2013.

**Clinical Summary:** This 55-year-old male sustained an industrial injury on 3/25/13. The mechanism of injury was heavy lifting. His diagnoses were lumbar strain/sprain and neuralgia, neuritis/radiculitis. A review of the records indicated that he was being treated with medications, lumbar support, and modified work. It was noted that he had back pain about 4 years ago that resolved with treatment. Lumbar X-rays dated 4/4/13 showed multilevel degenerative disc disease greatest at L5-S1 with moderate disc space narrowing and moderate L4-5 and L5-S1 facet arthropathy. The PR-2 report dated 4/22/13 indicated that he had follow-up of his back pain and felt the same. He had completed 3 physical therapy sessions and reported feeling sore the day after. He was requesting Naproxen refill. His medications included Naproxen, Norflex, and Orthonesic. On exam, there was moderate tenderness bilaterally of the paraspinal muscles at L3-S2 with radiation to bilateral sciatic notches, left hamstrings, left gastrocs, and right lateral thigh. He had limited lumbar range of motion due to pain; flexion was to 15 degrees and extension to 0 degrees. The plan was to order lumbar MRI, begin Ambien, and refill Anaprox. He was discharged to modified work with follow-up in 2 weeks. There was an authorization dated 4/23/13 for physical therapy, 3 times for 3 weeks, for the lumbar spine.

### 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
- Utilization Review Documentation by [REDACTED] (dated 5/8/13 through 6/14/13)
- Employee's Initial Primary Treating Physician's Orthopedic Spine Surgery Consultation Report by [REDACTED] (dated 5/14/13)

- Employee's Medical Records by [REDACTED] (dated 4/4/13 through 4/22/13)
- Employee's Medical Records by [REDACTED] (dated 4/8/13 through 5/3/13)
- Official Disability Guidelines (ODG) – Chronic Pain Chapter: Zolpidem (Ambien) Section

**1) Regarding the request for Ambien (10 mg, 30 units):**

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) – Chronic Pain Chapter: Zolpidem (Ambien) Section, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer was not able to find a section of the MTUS that covers the issue in dispute. 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 was injured on 3/25/13. The employee's medical records received and reviewed show evidence of an injury to the lumbar spine associated with a lumbar radiculopathy. Ambien was prescribed on 4/22/2013. A progress report dated 4/22/2013 does not provide any history to show the employee was suffering from insomnia. A progress report dated 5/14/13 indicates the employee has difficulty sleeping, but does not indicate insomnia. There is no medical data to support the utilization of Ambien on 4/22/13. The requested Ambien (10 mg, 30 units) 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

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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 employee and the employee's physician. MAXIMUS is not liable for any consequences arising from these decisions.