
Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/15/2013
Date of Injury: 7/1/2008
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011956

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Restoril 15 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **lab work: CBC, BMP, prothrombin time every three months is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **UA drug test every three months is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. 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 **Restoril 15 mg** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **lab work: CBC, BMP, prothrombin time every three months** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **UA drug test every three months** 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 Occupational Medicine, and is licensed to practice in North Carolina, New York, Pennsylvania. 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 claimant is a 52 year old woman with chronic right shoulder pain from work injury 7/1/08 and is status post right shoulder acromioplasty and distal clavicular resection on 8/22/12. She had postoperative physical therapy. On 1/14/13 she told her orthopedist that she had a stomach infection, which he presumed was an *H. pylori* infection, causing ulcer, and that she could not take anti-inflammatory medications. She had a steroid injection in June 2013 for ongoing shoulder pain following her surgery. This helped initially but then her shoulder pain returned with lifting some weights. By the 8/12/2013 orthopedist note, she was on diclofenac, and was put on Restoril to help her sleep. She was found to have a permanent disability as of 8/28/13, with a 13% whole person impairment rating on Agreed Medical Evaluation.

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
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Restoril 15 mg:

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, Section Benzodiazepines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, Antispastic/Antispasmodic Drugs, page 66 and Weaning of Medications, page 124, which is part of the MTUS.

Rationale for the Decision:

Per the Chronic Pain Medical Treatment Guidelines, benzodiazepines (Restoril) 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 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The submitted medical records do not support the requested medication in this case. **The requested Restoril 15 mg is not medically necessary and appropriate.**

2) Regarding the request for lab work: CBC, BMP, prothrombin time every three months:

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, Section NSAIDs, specific drug list & adverse effects, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug lists and adverse effects, page 70, which is part of the MTUS.

Rationale for the Decision:

Per the Chronic Pain Medical Treatment Guideline: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. This recommendation is linked to the employee being prescribed an NSAID. The requested labs include a prothrombin time, which is not part of the recommendations. The suggested plan for lab monitoring is not consistent with the Chronic Pain Medical Treatment Guidelines. **The request for lab work: CBC, BMP, prothrombin time every three months is not medically necessary and appropriate.**

3) Regarding the request for UA drug test every three months:

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, Section Opioids, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, page 77 - 78, 80, 82-84, which is part of the MTUS.

Rationale for the Decision:

The guidelines indicate that urine drug screening should be considered before starting opioids to look for illicit drugs. Drug screening can be used for ongoing opioid management, when issues of abuse, addiction or pain control exist. The requirements for urine drug screening should be included in any opioid treatment contract. The employee is not on opioid medication per the most recent record reviewed. The only medication for pain indicated was diclofenac in August 2013. Thus, no periodic testing is indicated. **The requested UA drug test every three months 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
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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.