

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: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/20/2013
Date of Injury:	7/11/2003
IMR Application Received:	8/30/2013
MAXIMUS Case Number:	CM13-0018742

- 1) MAXIMUS Federal Services, Inc. has determined the request for **30 Zolpidem 10mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60 Omeprazole 20mg is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/30/2013 disputing the Utilization Review Denial dated 8/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **30 Zolpidem 10mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60 Omeprazole 20mg 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, has a subspecialty in Cardiology 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 55 year old female who reported an injury on 07/11/2003 after being rear-ended in a motor vehicle accident . She has had continued complaints of lower back pain with radiculopathy involving bilateral lower extremities. Documentation provided shows the patient attended several sessions of physical therapy and has been taking oral analgesics and sleep aids for approximately three years. She was started on Zolpidem 10mg and Omeprazole 20mg in November 2010. The request is for a continuation of both medications for use as a sleep aid and prevention of gastrointestinal events.

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 30 Zolpidem 10mg:

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), 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), which is not part of the MTUS.

Rationale for the Decision:

According to the Official Disability Guidelines Online Edition, Zolpidem is meant to be for short term use; approximately 2-6 weeks, and is rarely prescribed for long-term use. This is due to its habit-forming tendencies as well as the sedative aspects of the medication that may impair function and memory more than even opioid pain relievers. There is even concern that this medication may cause an increase in pain and even depression if used long-term. In this case, documentation provided and reviewed indicates that the employee is taking Cyclobenzaprine, Tramadol, and Ibuprofen and has also had an additional injection of Ketorolac for pain-reduction as well. The documentation dated 08/06/2013 mentions that the employee has a prescription for the medications Ibuprofen, Zolpidem, Omeprazole and Cyclobenzaprine. However, there is no objective information detailing the effectiveness of any of these medications. Documentation also states that the employee may be taking some of the medications as needed; but whether or not they are actually helping the employee achieve the desired affect is unknown. Therefore, as it pertains to the guidelines short-term use, and because the information provided does not address the efficacy of the current pain medications, the request for additional Ambien is not appropriate. **The request for Zolpidem 10mg, #30 is not medically necessary and appropriate.**

2) Regarding the request for 60 Omeprazole 20mg :

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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 68, which is part of the MTUS.

Rationale for the Decision:

MTUS Guidelines indicate that Omeprazole is appropriate for patients who are at mild risk of gastric irritation. The employee has been prescribed the NSAID, Ibuprofen, and the oral analgesic, Tramadol, for several months, both of which increase the employee's chances of gastrointestinal events, to include GI bleeds. The documentation dated 09/10/2013 states the employee is still complaining of

low back pain, with radiculopathy. However, the medical documentation provided does not elaborate on the frequency with which the medications are being taken to relieve the employee's discomfort; it simply states the employee is to continue using them. Furthermore, it was also noted that the employee is still participating in physical therapy and that "Therapy is helping". Therefore, pertaining to the latest exam notes, which were from three months ago, it is unknown how often the Ibuprofen and Tramadol are actually utilized for pain relief; and thus the necessity for Omeprazole is unclear. **The request for Omeprazole 20mg, #60 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, 18th Floor
Oakland, CA 94612

/pas

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.