
Notice of Independent Medical Review Determination

Dated: 9/13/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

3/17/1988

7/10/2013

CM13-0001081

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Ambien 10mg #30 with 3 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the left shoulder **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the left elbow **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. 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 a prescription of Ambien 10mg #30 with 3 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the left shoulder **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the left elbow **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 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 July 2, 2013

"Clinical Rationale

The patient is a 57 year old male with a date of injury of 3/17/1988. The provider has submitted a prospective request for Fluoxetine HCL 10mg 1160 with 5 refills, Ambien 10mg #30 with 3 refills, Norco 10/325mg #180, Methadone HCL 10mg #45, 1 MRI of the left shoulder and left elbow, 1 left footed vehicle, 1 pair of wheelchair gloves and 1 prescription of Soma 350mg #30.

"Review of the submitted documents indicates that the patient has been treated for pain within the low back, left shoulder and elbow and the leg. His most recent progress exam stated that the patient had been out of town for a death in the family and had been out medication for a few months, making his pain levels increase. He reported benefit after the last ESI, though re-aggravated his back to quickly get out of his chair to help a family member. He reported difficulty falling asleep and staying asleep. Examination showed obvious wear of the patient's wheelchair. He had left leg weakness and was unable to support his body out of the wheelchair. Sensory was diminished in the left leg and reflexes unobtainable. He showed positive nerve tension signs in the seated position."

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 (received 7/10/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- Medical Records from [REDACTED] (dated 6/16/2012 – 6/26/2013)
- Medical Records from [REDACTED] (dated 2/15/13 – 3/27/13)
- Medical Treatment Utilization Schedule

1) Regarding the request for a prescription for Ambien 10mg #30 with 3 refills:

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), Pain (Chronic), Zolpidem (Ambien), a Medical Treatment Guideline (MTG), not a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/17/1988 the employee sustained a work-related injury. A review of the submitted medical records indicate treatment has included: treatment for pain of the low back, left shoulder, elbow and leg, antidepressants and medication for sleeping difficulties. A submitted progress report dated 6/13/13 indicates the employee experiences pain the left shoulder, elbow, back and leg and excessive fatigue and difficulty sleeping. The request was for Ambien 10mg #30 with 3 refills.

Official Disability Guidelines recommend Ambien for short-term (2-6 weeks) treatment of insomnia but there is concern that long-term use may increase pain and depression. The medical records reviewed indicate the employee has been taking Ambien and an antidepressant for several months, and is still experiencing sleep difficulties signifying the Ambien is not effective. The request is for Ambien 10mg #30 with 3 refills is not medically necessary and appropriate.

2) Regarding the request for an MRI of the left shoulder:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, pg. 208-209, part of the Medical Treatment Utilization

Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/17/1988 the employee sustained a work-related injury. A review of the submitted medical records indicate treatment has included treatment for pain of the low back, left shoulder, elbow and leg. A submitted progress report dated 6/13/13 indicates the employee experiences pain the left shoulder, elbow, back and leg and excessive fatigue and difficulty sleeping. The request is for MRI of the left shoulder.

MTUS ACOEM guidelines suggest an MRI of the shoulder may be indicated with the emergence of red flags, failure to progress in a strengthening program, or to clarify anatomy prior to surgery. The medical records submitted and reviewed do not indicate a probable diagnosis for the experienced shoulder pain, there is no indication of red flags or a failed course of conservative rehabilitation, and there is no mention of surgical consideration. The request for MRI of the left shoulder is not medically necessary and appropriate.

3) Regarding the request for an MRI of the left elbow:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), (2008), Chapter 10, Elbow Complaints, pg 33-34, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/17/1988 the employee sustained a work-related injury. A review of the submitted medical records indicate treatment has included treatment for pain of the low back, left shoulder, elbow and leg. A submitted progress report dated 6/13/13 indicates the employee experiences pain the left shoulder, elbow, back and leg and excessive fatigue and difficulty sleeping. The request is for MRI of the left elbow.

MTUS ACOEM guidelines suggest an MRI of the elbow may be indicated with the emergence of red flags, failure to progress in a strengthening program or to clarify anatomy prior to surgery. The medical records submitted and reviewed do not indicate a probable diagnosis for the experienced elbow pain, there is no indication of red flags or a failed course of conservative rehabilitation, and there is no mention of surgical consideration. The request for MRI of the left elbow 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, 18th 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.