

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	4/21/2012
IMR Application Received:	7/11/2013
MAXIMUS Case Number:	CM13-0001222

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg #30 is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 Ambien 10mg # 30 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, 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.

“Non-certify Ambien 10mg #30. 6/17/13 progress report by orthopedic surgeon [REDACTED], MD indicates that the patient has ongoing pain in his bilateral hands. The patient underwent left carpal tunnel release in March 2013 and right carpal tunnel release 8/8/12. He is struggling with sensitivity, pain and numbness in his right hand. He fears that he will not recover and return to the open labor market due to the weakness in his hands. However, ODG and the FDA state that Ambien is approved for the short term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. I spoke with the office pharmacy and Dr. [REDACTED] had ordered 3 refills of Ambien for this patient. Attempts to reach Dr. [REDACTED] on 7/1/13 at 2:20pm and on 7/2/13 at 10:00am were unsuccessful. Messages were left with [REDACTED] recorder.

“Date of Injury: 04/12/2012.”

### 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 dated 7/11/2013
- Utilization Review determination provided by [REDACTED] dated 7/02/2013
- Medical Records from 7/16/2012 through 6/17/2013
- Official Disability Guidelines (ODG), Current Version, Pain Chapter, Zolpidem (Ambien)

**1) Regarding the request for Ambien 10mg # 30:**

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), Current Version, Pain Chapter, Zolpidem (Ambien), a Medical Treatment Guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer stated the ODG, Pain Chapter, Zolpidem, which is a Medical Treatment Guideline (MTG) not in the MTUS and is the most current version of the MTG, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured both hands on 4/21/2013. The diagnosis was carpal tunnel syndrome, and left shoulder impingement. The employee is status post left and right carpal tunnel release. The employee continues to have decreased nerve sensation, and positive orthopedic findings. The request was made for Ambien 10mg # 30.

The Official Disability Guidelines do not recommend Ambien for long term use. The submitted and reviewed medical records indicate that there were prescriptions for up to three refills, which exceeds the guideline recommendations. The request for Ambien 10mg # 30 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 patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.