

**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: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	7/28/2005
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13- <b>0002482</b>

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ambien #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Xanax 2mg #120 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Xanax 2mg #120 **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent physician who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 12, 2013:

“This is a case of a 44 year old male with a date of injury of July 28, 2005. Under consideration is a prospective request for one prescription of subutex 8 mg #30, seroquel 100 mg. #90, Ambien 10 mg #60, Wellbutrin XL 300 mg #30, and xanax 2 mg #120. As of 6/20/13, the patient continues to complain of anxiety with no anxiety attacks since the last visit to increased pain and depression over the long term.

“The patient is being prescribed Ambien 10 mg two tablets (20mg) qhs prn for insomnia. The patient reported on June 20, 2013 that is insomnia is slightly worse.”

### 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 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

**1) Regarding the request for the quantity of Ambien #60:**

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), Zolpidem section. The provider did not dispute the guidelines used by the Claims Administrator. 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 guidelines used by the Claims Administrator.

Rationale for the Decision:

The employee sustained a work-related injury on 7/28/05 resulting in chronic pain and insomnia. The request is for Ambien #60.

The Official Disability Guidelines state that Ambien can cause more cognitive dysfunction than opiates, which are well known to cause cognitive dysfunction. Ambien is intended according to guidelines for short term use. In this case Ambien needed to be tapered, not continued based upon the guidelines and the previous input. **The request for Ambien #60 is not medically necessary and appropriate.**

**2) Regarding the request for Xanax 2mg #120:**

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

The Claims Administrator based its decision on Official Disability Guidelines (ODG), Pain Chapter, Alprazolam (Xanax) section, which is not part of the MTUS. The Claims Administrator also cited the Chronic Pain Medical Treatment Guidelines (2009), Medical which is part of the Medical Treatment Utilization Schedule (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 ODG section used by the Claims Administrator.

Rationale for the Decision:

The employee sustained a work-related injury on 7/28/05 resulting in chronic pain and insomnia. The request is for Xanax 2 mg #120.

The ODG states that Xanax is not recommended for long term use. The Guidelines usually limit use to one month or less. The guidelines state that there is virtually no evidence that Xanax works for muscle spasm better than drugs outside of the benzodiazepine category. Xanax is among the most addictive of all benzodiazepines. **The request for Xanax 2 mg #120 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/slm

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.