
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 7/23/2010
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003036

- 1) MAXIMUS Federal Services, Inc. has determined the request for a retrospective prescription for Alprazolam 2mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prospective prescription for Alprazolam 2mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a retrospective prescription for Zolpidem tartrate 10mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prospective prescription for Zolpidem tartrate 10mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 retrospective prescription for Alprazolam 2mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prospective prescription for Alprazolam 2mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a retrospective prescription for Zolpidem tartrate 10mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prospective prescription for Zolpidem tartrate 10mg **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 Physical Medicine and Rehabilitation, 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 15, 2013:

“Documentation indicates that the claimant reports medications are very helpful. The claimant complains of anxiety, tension, irritability, and quick temper. The claimant reports depression is reduced with increased crying episodes. The claimant notes occasional feeling of “life is not worth living” is reduced. The claimant has insomnia due to pain but is reduced as per claimant. The claimant has impaired concentration, low appetite and weight, low energy level, panic attacks and agoraphobia, low sociability, and low sexual activity. The claimant reports alcohol use of 3-4 beers a week. The claimant notes with increase alcohol use, the claimant has developed gastrointestinal symptoms with reduction in anxiety.”

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 7/24/13)
- Utilization Review Determination (dated 7/15/13)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the retrospective request for a retrospective prescription for Alprazolam 2mg :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Benzodiazepines, page 24, 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 MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/23/2010 the employee sustained an injury to the neck, mid and low back and shoulder. A review of the submitted medical records indicates diagnoses include: chronic widespread pain disorder, associated gastritis, associated mood and sleep disturbance, chronic cervical sprain/strain, chronic thoracic sprain/strain, chronic left shoulder sprain/strain, and mild lumbar scoliosis. Records indicate treatments have included: physical therapy, analgesic medication and an x-ray. A report dated 5/10/13 indicates the employee continues to have back pain, anxiety, tension and irritability. A retrospective request was submitted for Alprazolam.

Chronic Pain Guidelines state that benzodiazepines (Alprazolam) are “not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.” The medical records reviewed note the employee indicates the current medication is helpful; however, there is no documentation showing that the employee is being monitored for compliance and the employee reports an increased intake of alcohol with this medication regimen. The guidelines do not support the use of benzodiazepines for chronic symptomatology. The retrospective request for Alprazolam 2mg **is not medically necessary and appropriate.**

2) Regarding the prospective request for Alprazolam 2mg:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Benzodiazepines, page 24, 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 MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/23/2010 the employee sustained an injury to the neck, mid and low back and shoulder. A review of the submitted medical records indicates diagnoses include: chronic widespread pain disorder, associated gastritis, associated mood and sleep disturbance, chronic cervical sprain/strain, chronic thoracic sprain/strain, chronic left shoulder sprain/strain, and mild lumbar scoliosis. Records indicate treatments have included: physical therapy, analgesic medication and an x-ray. A report dated 5/10/13 indicates the employee continues to have back pain, anxiety, tension and irritability. A prospective request was submitted for Alprazolam.

Chronic Pain Guidelines state that benzodiazepines (Alprazolam) are “not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.” The medical records reviewed note the employee believes the current medication is helpful. However, there is no documentation showing that the employee is being monitored for compliance and the employee reports an increased intake of alcohol with this medication regimen. The guidelines do not support the use of benzodiazepines for chronic symptomatology. The prospective request for Alprazolam 2mg **is not medically necessary and appropriate.**

3) Regarding the Error! Reference source not found.:

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 Procedure Summary, a Medical Treatment Guideline (MTG) not 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 MTG guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/23/2010 the employee sustained an injury to the neck, mid and low back and shoulder. A review of the submitted medical records indicates diagnoses include: chronic widespread pain disorder, associated gastritis, associated mood and sleep disturbance, chronic cervical sprain/strain, chronic thoracic sprain/strain, chronic left shoulder sprain/strain, and mild lumbar scoliosis. Records indicate treatments have included: physical therapy, analgesic medication and an x-ray. A report dated 5/10/13 indicates the employee continues to have back pain, anxiety, tension and irritability. A retrospective request was submitted for Zolpidem.

Official Disability Guidelines indicate the use of Zolpidem (Ambien) “is approved for the short-term (usually two to six weeks) treatment of insomnia”. The medical records submitted and reviewed do not document the efficacy of this medication for sleep pattern complaints and the employee reports an increased intake of alcohol with this medication regimen. The guidelines do not support long-term use of Zolpidem for sleep disturbances. The retrospective request for Zolpidem tartrate 10mg **is not medically necessary and appropriate.**

4) Regarding the prospective request Error! Reference source not found.:

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 Procedure Summary, a Medical Treatment Guideline (MTG) not 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 7/23/2010 the employee sustained an injury to the neck, mid and low back and shoulder. A review of the submitted medical records indicates diagnoses include: chronic widespread pain disorder, associated gastritis, associated mood and sleep disturbance, chronic cervical sprain/strain, chronic thoracic sprain/strain, chronic left shoulder sprain/strain, and mild lumbar scoliosis. Records indicate treatments have included: physical therapy, analgesic medication and an x-ray. A report dated 5/10/13 indicates the employee continues to have back pain, anxiety, tension and irritability. A prospective request was submitted for Zolpidem.

Official Disability Guidelines indicate the use of Zolpidem (Ambien) “is approved for the short-term (usually two to six weeks) treatment of insomnia”. The medical records submitted and reviewed do not document the efficacy of this medication for sleep pattern complaints and the employee reports an increased intake of alcohol with this medication regimen. The guidelines do not support long-term use of Zolpidem for sleep disturbances. The prospective request for Zolpidem tartrate 10mg **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.