

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	9/14/2005
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003845

- 1) MAXIMUS Federal Services, Inc. has determined the request for Vicodin ES 7.5/500mg #90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg #20 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 Vicodin ES 7.5/500mg #90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg #20 **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.

Expert Reviewer Case Summary:

The claimant is a 54 year-old female with a date of injury of 9/14/2005. Per Primary Treating Physician Supplemental Report dated 8/26/2013 reports that the claimant suffers from chronic pain due to her work related injury dated 9/14/2005, and continuous trauma injury and more recent injury occurring on 10/5/2009. Her diagnoses include 1) cervical musculoligamentous sprain/strain with spondylosis, 2) chronic right upper extremity radiculitis, 3) right shoulder impingement with acromioclavicular degenerative joint disease, 4) bilateral wrist teninitis, 5) bilateral carpal tunnel syndrome, 6) status post right knee arthroscopy, 7) advanced osteoarthritis of the right knee, 8) status post right ankle arthroscopy (2008) with residual complaints of pain, 9) left knee compensatory strain, 10) advanced left knee osteoarthritis. Besides pain, the claimant complains of insomnia, stress and sexual dysfunction. The claimant reports that she slept for three to four hours per night and had difficulty falling and staying asleep secondary to her chronic pain. With the use of Ambien she falls asleep and remains asleep easier, and gets up to six to eight hours of uninterrupted sleep per night. Without the use of medication she notes excessive drowsiness during the day with occasional nodding off and falling asleep during the day. She had difficulty with concentration and attention on days following a night that she did not sleep well.

A supplemental report dated 8/19/2013 explains that with the use of Vicodin ES one tablet three times daily, the claimant had her pain level reduced from 7-10/10 to 4/10, and has not had significant side effects. She had previously tried Norco, Tylenon #3, Percocet and Motrin without significant improvement. The use of Vicodin ES has allowed improved function throughout her day including ability to perform home exercise

program and activities of daily living. Ambien is not used on a nightly basis, but several times per week.

A supplemental report dated 7/11/2013 reports that the claimant suffers from pain in all areas that was well managed with Vicodin ES 3-4 times per day and Ambien/Motrin as needed. Instructions for Ambien use was to limit to two times per week. The provider refers to ACOEM Guidelines, Second Edition, page 47, Chapter 3, quoting "Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations." The provider argues that Ambien is being used as a sleep aid, and also as an adjunct in the use of pain control. He further explains that the claimant recently fell on her left knee due to giving way, resulting in a flare up of her knee pain. The provider also refers to The Medical Disability Advisor, Fifth Edition, Volume I, page 1225, quoting "Short-term (2 to 3 week) courses of hypnotic medication may prove useful in treating some types of insomnia. Hypnotics with a rapid onset are used to treat difficulties falling asleep, while drugs that remain effective for longer periods are used to treat difficulties staying asleep." The provider argues that by addressing sleep disturbances, decreased pain may be achieved. He refers to the Official Disability Guidelines in the support of using Ambien for short periods. He refers to California Medical Treatment Utilization Schedule in the support of "using a medication that provides a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living or return to work."

Per progress note dated 5/22/2013 the claimant reports pain in all areas which is managed with medications, and her left knee pain has increased. Physical exam findings included tenderness over medial and lateral joint lines of the knees, slight swelling in bilateral peripatellar region, and large bruise in left inner thigh. Diagnoses included 1) cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis and spondylosis, 2) right shoulder impingement, 3) acromioclavicular degenerative joint disease, 4) bilateral wrist tendinitis, 5) carpal tunnel syndrome. Treatment history has included surgical intervention, medications and physical therapy.

Qualified Medical Examiner report dated 8/16/2012 explains that the claimant currently complains of 1) pain and numbness in the right and left wrists rated 5-7/10, right worse than the left, 2) pain the right ankle rated 7/10, 3) pain in the right knee with swelling and locking, intermittent and rated 4/10, 4) pain in the left knee rated 8/10, with swelling, catching, locking and giving-way, 5) constant pain the right shoulder rated 5-6/10, 6) pain in the neck rated 5-6/10, 7) back pain rated 8/10, 8) and occasional upper thigh muscle spasms. Current medications are noted to be Vicodin, Ambien, and anti-inflammatory medications. Diagnoses include 1) status post right lateral meniscectomy of knee with traumatic and degenerative arthritis, status post right knee arthroscopy, 2) osteochondritis dissecans right ankle, status post right ankle arthroscopy and debridement, status post recurrent sprains of the right ankle, 3) bilateral carpal tunnel syndrome, 4) rotator cuff tendinitis right shoulder with impingement, 5) osteoarthritis left knee, 6) neck pain, 7) low back pain syndrome, 8) left ankle pain

Clinical notes dating back to 6/12/2012 have included Vicodin and Ambien in the treatment plan.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Vicodin ES 7.5/500mg #90:

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 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, Pain Outcomes and Endpoints, pg. 8, Opioids for chronic pain, pg. 80 and 89, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines state, “When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and “breakthrough” pain may occur during the chronic clinical course and adjustments to the treatment will be necessary.” The employee has sustained a recent fall causing an exacerbation of pain. The records indicate the employee has had trials of other pain medication regimens, and Vicodin ES one tablet three times daily has been most optimal. The records indicate the employee has had regular follow-up appointments with the treating provider and participates in urine drug screening to test for medication compliance and illicit drug abuse problems.

In regards to maintenance of the long term use of opioids, the Chronic Pain Medical Treatment Guidelines states the following: “(a) Do not attempt to lower the dose if it is working (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.” These guidelines further state that opioid pain medications may be continued “if the patient has improved functioning and pain”. The records indicate a difference in pain levels and functioning levels when the medication is used and when it is not. **The request for Vicodin ES 7.5/500mg #90 is medically necessary and appropriate.**

2) Regarding the request for Ambien 10mg #20:

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), Chronic Pain-Insomnia Treatment, which is not a 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), Chronic Pain, Insomnia Treatment.

Rationale for the Decision:

The Official Disability Guidelines support the use of Ambien for short-term use (usually two to six weeks). A review of the submitted medical records indicates the employee has been taking Ambien since at least June 2012. The provider notes the employee has been instructed to only take Ambien twice a week, but the records indicate the employee is prescribed 20 doses per month. The provider also cites a non-peer reviewed article regarding the benefits of sleep to the management of pain, and that the employee experiences improved sleep and reduced daytime drowsiness with the use of Ambien. Despite the report from the treating provider, there is no evidence in the records provided that supports the long term use of Ambien. **The request for Ambien 10mg #20 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

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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.