

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	7/7/1998
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005027

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ambien 5mg #20 is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for one Huggies adult wipes is not **medically necessary and appropriate**.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 5mg #20 is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for one Huggies adult wipes 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 Family Practice 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:**

This is a 53-year-old female with a 14 year history of back pain. Her injury occurred in 1998 when she tried to prevent a two year-old child from falling. She landed on her back in a parking lot and developed progressively worsening can back pain. She had seen her primary care doctor and has been given pain medications, anti-inflammatories and prescribed physical therapy. In 1999 she had a cervical spine fusion surgery which resulted in only mild pain relief. She a second surgical revision in 2000 which only provided further mild pain relief. She was once prescribed a tens unit which provided moderate relief. Physical therapy in the past provided her with no relief.

Examination notes in November 2012 stated that her pain was 4/10 at the best an 9/10 at it's worse. Her pain at the time was aggravated by reaching, overhead activities, bending, standing and walking. Pain relief occurred while leaning forward. At the time her present medications, as it related to her pain, included Buspar and hydrocodone. The exam note in February 7, 2013 stated that she has been falling and tripping more. The quality of sleep was good. Medications included MS Contin, Norco, Protonix, BuSpar, trazodone and hydrocodone.

Examine on March 7, 2013 at stated that the quality of her sleep is fair. There is a note that she was using depends brand underwear and that lasts her one month with a supply of 80. Botox injections were used for treating her migraines. A TENS unit was used prior to sleep which gave her one to three hours of relief. The MS Contin dose was reduced at that visit. Continues to be on Skelaxin, Norco and trazodone. Indication for depends is not noted nor is a genitourinary examination.

Examination on April 4, 2013 stated that the depends underwear was not authorized. Reason for Depends use indicated that the patient has incontinence related to medication use.

A progress note from May 2, 2013 the patient stated the quality sleep was poor. Information on sleep pattern was not identified in this visit. The quantity of 160 depends was prescribed.

Progress note on May 30 ,013 stated that the patient has difficulty falling asleep and staying asleep due to ongoing neck pain. She stated that Ambien has helped her in the past. She did not find trazodone effective. A trial of Ambien was given and to be reassessed at the next visit.

Office visit on June 27, 2013 had noted that the Ambien is providing better sleep than trazodone. She continues to have "Infrequent incontinence." The request was made for more depends as well as Huggies wipes. A TENS unit was still continued for sleep.

Office visit note on July 25, 2013 indicated the patient continues to have urinary incontinence along with pain and skin sensitivity with excoriations due to moisture. She needed additional hygiene wipes to prevent skin breakdown.

**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 Ambien 5mg #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), Pain (Chronic), 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 ODG Section on pain and Zolpidem, which is not a part of the MTUS.

Rationale for the Decision:

As stated in the ODG guidelines: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term"

A review of the records provided, the employee has been using Ambien since May 2013. This is beyond the short term use recommended above. In addition,

other medication options and therapy need to be considered. **The request for Ambien 5mg #20 is not medically necessary and appropriate.**

**2) Regarding the request for one Huggies adult wipes:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator provided no evidence-based guidelines for its decision.

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 J Am Med Dir Assoc. 2007 May;8(4):253-61. Epub 2007 Jan 9. Al-Samarrai NR, Uman GC, Al-Samarrai T, Alessi CA.

Introducing a new incontinence management system for nursing home residents. As well as citing Neurourol Urodyn. 2013 Aug 14. doi: 10.1002/nau.22468.

[Epub ahead of print] Suskind AM, Dunn RL, Morgan DM, Delancey JO, McGuire EJ, Wei JT. The michigan incontinence symptom index (M-ISI): A clinical measure for type, severity, and bother related to urinary incontinence, which is not a part of the MTUS.

Rationale for the Decision:

After a review of the records provided, the diagnosis of urinary incontinence is nonspecific. Is not stated whether the employee has urge, stress incontinence, overactive bladder or truly a drug incontinence. An incontinence questionnaire and or a genitourinary examination is not provided in the chart. Are also other methods of managing incontinence rather than just going through extra depends and wipes. In referencing the articles above there are clinical measures and symptom indexes that must be investigated. **The request for Huggies adult wipes 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

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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.