
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 26, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/26/2013
Date of Injury: 1/8/2001
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0009685

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 New York. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40 yo female who sustained a work related injury on 12/13/07. She slipped and fell and had increased low back pain. She was evaluated and treated with medical therapy and interventional therapy with epidural steroid injections. She eventually underwent a lumbar fusion L5-S1, lumbar decompression, medial facetectomy and release of nerve roots at L5-S1 bilaterally. Additional procedures and treatments have included removal of retained hardware, percutaneous spinal cord stimulator insertion, nerve blocks and multiple epidural steroid injections. Her present diagnoses include post laminectomy syndrome, degeneration of lumbar or lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. She continues with chronic low back pain which is presently treated with medical therapy which includes Norco, Oxycontin, Soma, and Ambien and physical therapy.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Ambien 10mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambien), which is not 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 Medscape Internal Medicine: Treatment of Insomnia 2012, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

There is no documentation provided necessitating the use of Ambien . The medication is a short-acting nonbenzodiazepine hypnotic which is approved for the short term (usually two to six weeks) treatment of insomnia. The medication may be habit-forming and may impair function and memory more than opioid pain relievers. The documentation provided indicates the medication is being used chronically and per notations does not appear to be helping as the patient continues to have poor sleep. There is no documentation that Ambien has provided a significant benefit. **The request for Ambien 10mg #30 is not medically necessary and appropriate.**

2. Soma 350mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), which is part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29, which is part of the MTUS..

The Physician Reviewer's decision rationale:

Soma is not indicated for long term use and it has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The medication is indicated for no longer than two to three weeks. The review of the medical records does not indicate the presence of muscular spasm. **The request for Soma 350mg #90 is not medically necessary and appropriate.**

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.

[REDACTED]

CM13-0009685