

Case Number:	CM13-0012749		
Date Assigned:	11/27/2013	Date of Injury:	04/09/2011
Decision Date:	02/04/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

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 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 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The patient is a 57 year old male with a date of injury of 04/09/2011. Utilization Review dated 08/06/2013 modified certification for Restoril 7.5 #30 with 2 refills to #10 without refills and Ambien from #30 to #10 without refills. Patient has diagnoses of lumbago, thoracic and lumbosacral neuritis and sciatica and degenerative intervertebral disease. According to report dated 08/02/2013, patient presents with increase in neuropathic pain and significant pain radiating into the right leg and left foot. Physical examination noted positive lumbar paraspinal, lumbar muscle spasm and tenderness. A positive straight-leg-raising on left with 90 degrees flexion and 20 degrees extension was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 7.5mg #30 with two refills; one pill by mouth qhs mouth qhs (nightly) for one month 30d (reconsideration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The treating physician indicates patient has relatively minimal and intermittent use of Restoril and Ambien and overall usage amounts to less than every other day.

Medical records show patient has been prescribed Restoril since 02/11/2013. California Medical Treatment Utilization Schedule (MTUS) guidelines page 24 does not recommend long-term use of benzodiazepine due to risk of dependence. "Most guidelines limit use to 4 weeks." When addressing insomnia Official Disability Guidelines (ODG) guidelines state that benzodiazepines such as Restoril are Food and Drug Administration approved for sleep maintenance insomnia but that these medications are only recommended for short-term use due to risk of tolerance, dependence and adverse events. Although treating physician states that Restoril is used every other day or so, this is still long-term use and the patient has been on it since 2/11/13. Recommendation is for denial.

Ambien 10mg #30; one pill by mouth qhs for one month (30d) alt with Restoril (reconsideration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Decision rationale: The treating physician is requesting refill for Ambien 10mg. Progress report dated 08/02/2013 indicates patient is taking either Restoril or Ambien about every other night. Review of the medical records show patient has been taking Ambien since 11/16/2012 and often concurrently with Lunesta, another sleeping aid. California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address Ambien. Official Disability Guidelines (ODG) guidelines state that Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Given patient's history of long-term Ambien usage, recommendation is for denial.

Continued acupuncture; amount and frequency/ duration not specified (reconsideration): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) allows for acupuncture for lower back complaints with three to six treatments to produce functional improvement at one to three times per week. It is unclear as to exactly how many acupuncture treatments were received and when. Progress reports dated 08/02/2013 and 07/11/2013 states that acupuncture has helped patient in the past with his activities of daily living and decrease in medication and overall wellbeing. This request is for additional 6 sessions of acupuncture per progress report dated 06/10/2013. California Medical Treatment Utilization Schedule (MTUS) guidelines page 8 states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." Acupuncture treatments may be

extended if functional improvement is documented as defined in Section 9792.20(e). California Medical Treatment Utilization Schedule (MTUS) states "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Multiple factors have not been documented to warrant additional acupuncture sessions. Recommendation is for denial.