

Case Number:	CM13-0016011		
Date Assigned:	10/11/2013	Date of Injury:	10/05/2007
Decision Date:	01/08/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/23/2013

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.

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 37-year-old female who reported a work-related injury on 10/05/2007 due to lifting, pushing, and pulling linens while working as a housekeeper. The patient's diagnoses are listed as left hip strain, lumbar strain, insomnia, depression, coccygeal pain, weight gain, GERD, and right knee pain. The patient's medications include Elavil, Norco, Medrox cream, ThermaCare patch, Ambien, naproxen sodium, and Coreg. The patient has undergone aquatic therapy, TENS unit, and uses a walking cane for gait dysfunction due to chronic left hip and low back pain. The patient was considered permanent and stationary as of 01/08/2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare patches #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Heat Therapy.

Decision rationale: The clinical note dated 08/27/2013 stated the patient complained of bilateral hip pain, left worse than right, radiating to the knees; lower back pain, left worse than right, radiating to the left posterior thigh and calf; improved coccygeal pain, which was secondary to a fall on 03/05/2010; left knee pain, secondary to the fall on 03/05/2010; right knee pain, and ankle

pain. She continued to report vertigo and also reported sleep difficulty. The patient was noted to have a weight gain of approximately 100 pounds due to her chronic pain. Her pain was noted to be exacerbated by activity. Physical exam revealed moderate paralumbar muscle spasm, limited range of motion to the lumbar spine, and decreased flexion and abduction of the left hip. Tenderness to palpation was noted around the left hip greater trochanter area and over the right knee patellar region. There was mild swelling of the bilateral knees, right more than left and the patient had a moderately antalgic gait with the use of a cane. The patient's psychiatric diagnoses include pain disorder, major depressive episodes, and anxiety disorder. Treatment to date has included medication, psychiatric treatment, hinged knee brace, walking cane, TENS unit, home exercise program, and activity modification. The treatment plan included the use of a ThermaCare patch twice a day as needed to be applied to the low back area for local heat and Ambien 10 mg at hour of sleep for sleep difficulty. Official Disability Guidelines indicate heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and subacute low back pain, and that the addition of exercise further reduces pain and improves function. Per the clinical documentation submitted, the patient was not noted to have acute low back pain. She was noted to have lumbar strain with lumbar radiculopathy to the left that had been chronic in nature. Wrap therapy is recommended for acute and subacute low back pain. As such, the documentation presented for review does not meet guideline criteria for ThermaCare patches. Therefore, the request for ThermaCare patches #40 is non-certified.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem..

Decision rationale: The clinical note dated 08/27/2013 stated the patient complained of bilateral hip pain, left worse than right, radiating to the knees; lower back pain, left worse than right, radiating to the left posterior thigh and calf; improved coccygeal pain, which was secondary to a fall on 03/05/2010; left knee pain, secondary to the fall on 03/05/2010; right knee pain, and ankle pain. She continued to report vertigo and also reported sleep difficulty. The patient was noted to have a weight gain of approximately 100 pounds due to her chronic pain. Her pain was noted to be exacerbated by activity. Physical exam revealed moderate paralumbar muscle spasm, limited range of motion to the lumbar spine, and decreased flexion and abduction of the left hip. Tenderness to palpation was noted around the left hip greater trochanter area and over the right knee patellar region. There was mild swelling of the bilateral knees, right more than left and the patient had a moderately antalgic gait with the use of a cane. The patient's psychiatric diagnoses include pain disorder, major depressive episodes, and anxiety disorder. Treatment to date has included medication, psychiatric treatment, hinged knee brace, walking cane, TENS unit, home exercise program, and activity modification. The treatment plan included the use of a ThermaCare patch twice a day as needed to be applied to the low back area for local heat and

Ambien 10 mg at hour of sleep for sleep difficulty. Official Disability Guidelines recommend Ambien for the short-term (usually 2 to 6 weeks) treatment of insomnia. 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. There was no submitted documentation stating the length of time the patient had been taking Ambien. Furthermore, due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for Ambien and from 12.5 mg to 6.25 mg for Ambien CR. Given the above, the request for Ambien 10 mg is non-certified.