

Case Number:	CM13-0024623		
Date Assigned:	11/20/2013	Date of Injury:	12/14/2008
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 & 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:

A prior physician review notes that the patient is status post an ankle combined subtalar arthrodesis in 2011, and the treating physician has noted that the patient subsequently developed low back pain due to her gait abnormality. The patient was not doing a home exercise program. Therefore, the prior physician reviewer modified a request for physical therapy to 6 visits in order to transition the patient to an independent home exercise program. The reviewer additionally modified Ambien to 10 days given that the treatment guidelines support short-term use up to 10 days. A current PR-2 report of 10/09/2013 indicates the patient reported that she had taken Ambien only once or twice, and it had been helpful in addressing insomnia when she took it. The patient denied any significant side effects. Further, the treating provider diagnosed the patient with ongoing left ankle and foot pain, as well as low back myofascial pain. The treating provider planned a course of acupuncture followed by physical therapy. An initial psychiatry evaluation of 09/24/2013 discusses the diagnoses of major depression and passive-aggressive tendencies. That report recommends the patient continue with Flexeril, gabapentin, and Percocet and recommended beginning the patient on paroxetine. That report indicates the patient has experienced impairments in sleep claims to be up to 4 hours per night, though that evaluation does not provide a recommendation for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy (2 x 6), low back, QTY: 12: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on physical medicine recommends "Myalgia, unspecified: 9-10 visits over 8 weeks...Allow for fading of treatment frequency plus active self-directed home physical medicine." The guidelines are producible with the concept of physical therapy for low back pain from a gait disorder and would recommend up to 10 initial physical therapy visits with the goal of transitioning to an independent home rehabilitation program. The medical records do not provide a rationale for an exception or explaining why the patient would instead require 12 initial physical therapy sessions. This request, therefore, exceeds the guidelines. This request is not medically necessary.

prescription of Ambien 5mg (trial one qhs prn), QTY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Treatment in Workers Compensation/Pain

Decision rationale: This medication is not directly addressed in the California Medical Treatment Utilization Schedule. Official Disability Guidelines of Treatment of Worker's Compensation/Pain discusses insomnia treatment, recommending, "Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days)." The medical records from the treating provider do not provide a rational as to why this patient would require longer than 10 days of treatment. Moreover, a recent psychiatric evaluation notes the patient's history of insomnia but does not discuss or recommend the use of Ambien. Overall, the medical records and guidelines do not support the request for Ambien. This request is not medically necessary.