

Case Number:	CM13-0040115		
Date Assigned:	12/20/2013	Date of Injury:	04/06/2009
Decision Date:	02/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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:

This is 62 year-old male who injured himself on 4/6/09 when he fell into an open pit at work. He has been diagnosed with: right knee pain post TKR; right leg pain possible sciatica; abnormal gait; probable shingles post ESI; anxiety; depression; and right hip AVN. The IMR application shows a dispute with the 9/24/13 UR decision. The 9/24/13 UR decision was from [REDACTED], and was based on the 8/28/13 medical report, and recommends non-certification for: use of Ambien; an unknown prescription of Exalgo and a Hurrycane. The letter modifies the request for Xanax to reduce the total #30 tablets to #24 tablets; and limits the unknown prescription of Motrin to allow #90; and limits the unknown number of aquatic therapy sessions to allow 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10mg #25 between 8/28/2013 and 11/19/2013: 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 ODG-TWC guidelines, Chronic Pain Chapter online, Zolpidem.

Decision rationale: MTUS guidelines did not discuss Ambien(zolpidem). ODG guides were consulted. ODG states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The records show the patient has been using Ambien since 5/17/13. Continued use of Ambien from the 8/28/13 medical report would exceed the 6-week ODG recommendation. The request is not in accordance with ODG guidelines.

1 prescription of Xanax .05mg #30 between 8/28/2013 and 11/19/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: MTUS guidelines do not recommend use of benzodiazepines such as Xanax over 4 weeks. The records show the patient has been using this since 5/17/13. Continuing use of Xanax over 4 weeks is not in accordance with MTUS guidelines.

unknown prescription of Motrin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The 8/28/13 report states the patient has been using OTC or "over-the-counter" Motrin. OTC Motrin is 200mg and there is no indication that [REDACTED] has prescribed it. UR modified this to increase the dosage to 400mg, #90. MTUS for anti-inflammatory medications states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The use of OTC Motrin appears to be in accordance with MTUS guidelines.

Unknown unweighted exercise program sessions in gym with pool between 8/28/2013 and 11/19/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The request for the pool therapy came from the 7/17/13 RFA and medical report. The 7/17/13 report from [REDACTED] states the patient is 5'11", 200 lbs. and has problems with this knees and right hip and lower back. He is reported to have abnormal gait, but his limping has improved. MTUS recommends aquatic therapy when reduced weight-bearing is desirable. MTUS refers to the physical medicine section for the specific number of visits. MTUS recommends 8-10 sessions of PT/aquatic therapy for various myalgias or neuralgia. UR had modified the request to allow for 10 sessions of aquatic therapy because they did not know how many sessions were requested. The number of sessions requested is not disclosed for this IMR either. There is not enough information available to compare the unknown number of sessions to the 10 visits that MTUS recommends. Since UR has approved 10 sessions in accordance with MTUS, additional visits would appear to exceed the MTUS guidelines. The request cannot be considered to be in accordance with MTUS guidelines.

Unknown prescription of Exalgo between 8/28/2013 and 11/19/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: The physician provides a rationale for a trial of Exalgo, stating the patient was on Norco, but was using 8-10/day to get adequate pain control. Unfortunately, the complete prescription for a trial of Exalgo was not disclosed for this IMR. The concentration, dosage, and total number of tablets were not found on the RFA or medical reports. There is not enough information provided to determine if the opioid dosing is in accordance with the recommended dosing listed under MTUS. The incomplete prescription cannot be considered to be in accordance with MTUS guidelines.