

Case Number:	CM13-0043080		
Date Assigned:	04/30/2014	Date of Injury:	06/08/2005
Decision Date:	06/10/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 expert 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 68 year old female who was injured on 06/08/2005. Mechanism of injury is unknown. Prior treatment history found includes medications, SI joint injection on 07/23/2012 and physical therapy. PR-2 dated 10/09/2013 documented the patient complaining of a lot of pain today. She is having an area in the right low back which is in spasm and pain all down the right leg. The patient has symptoms of excessive fatigue, drowsiness, difficulty falling asleep and difficulty remaining asleep. Objective findings on exam reveal slow but normal gait. Lumbar facet loading test is positive on the right side. There is mild tenderness in the lumbar spine area with good ROM. Positive straight leg raise test on the right. There is point tenderness noted in the right SI joint that is severe and causes radiation into the right lateral hip and leg. Sensation and muscle strength are normal. The low back is with muscle spasm. A TPI was given with 1 cc Kenalog and 4 cc Lidocaine with good results.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN (CHRONIC), ZOLPIDEM (AMBIEN).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, INSOMNIA TREATMENT.

Decision rationale: According to Official Disability Guidelines, Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. The medical records indicate the patient has been utilizing Ambien at least since 1/15/13. Chronic use of sleep aid is not recommended. The medical records do not demonstrate the patient has benefited with chronic use. Sleep complaints continue to be reported in the 10/9/2013 report. There is no clear indication for continued Ambien. Therefore the request for Ambien is not medically necessary according to the guidelines.

ONE (1) TRIGGER POINT INJECTION TO THE RIGHT LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS, Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS, Page(s): 122.

Decision rationale: According to the CA MTUS guidelines, a trigger point injection is recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when several criteria have been met, which are: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing), (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The 10/9/2013 medical report does not provide documentation of a circumscribed trigger point with evidence of palpation of a twitch response as well as referred pain, with symptoms persisting for at least 3 months. In addition, review of the records does not demonstrate other medical management therapies including ongoing stretching exercises, physical therapy and judicious use of medications, had failed to control pain. Based on all of these factors, the patient is not a candidate for trigger point injections. Consequently, the request is not medically necessary.