

Case Number:	CM13-0064948		
Date Assigned:	01/22/2014	Date of Injury:	06/27/2006
Decision Date:	04/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine and is licensed to practice in Texas. 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 beneficiary injured their left foot in 2006 after a fall. X-rays showed a fracture of the fifth metatarsal. Surgery was performed with healing of the fracture, but the beneficiary developed complex regional pain syndrome (CRPS) after the surgery. Treatment has consisted of medications and physical therapy. A lumbar sympathetic block was performed in March 2012; the records do not document significant improvement in pain or functional improvement. Ambien has been utilized for insomnia since 2009. The most recent clinic note indicates that this medication was providing some relief, though significantly less than in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR SYMPATHETIC BLOCK: 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), Pain, and Zolpidem.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Lumbar sympathetic blocks are recommended for the diagnosis and treatment of pain in the pelvis and

leg secondary to complex regional pain syndrome (CRPS). To qualify as a positive response, pain relief should be 50% or greater and this relief should be accompanied by objective evidence of functional improvement. In addition, the block should be followed by intensive physical therapy. In this case, the beneficiary underwent previous sympathetic block with no evidence of significant pain relief or functional improvement. Therefore, a repeat lumbar sympathetic block is not indicated. The request for a left lumbar sympathetic block is not medically necessary and appropriate.

AMBIEN 10 MG: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Zolpidem.

Decision rationale: According to the Official Disability Guidelines (ODG) Ambien (Zolpidem) is recommended for the short-term relief of insomnia. However, its use cannot be recommended over the long-term due to concerns about habituation and functional impairment. There are also concerns about the lack of efficacy in maintaining proper sleep over the long-term. In this case, Ambien has been used for an extended period of time (approximately four years) and appears to be losing its efficacy. The request for Ambien 10 mg is not medically necessary and appropriate.