

Case Number:	CM13-0071387		
Date Assigned:	01/15/2014	Date of Injury:	02/21/2009
Decision Date:	05/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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 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:

This male sustained an injury on 2/21/09. Requests under consideration include Sonata 10mg #30 DOS 11/18/13, NCV and EMG of bilateral lower extremities. Panel QME report of 7/15/13 noted the patient with non-disabling left inguinal pain and resolved lumbar spine and neck pain. Hand-written report of 11/18/13 from the provider noted the patient with low back pain complaints which radiates to bilateral plantar feet, wakening him at night; report of improvement with trigger point injections. Medications list taking Fexmid, Norco, Lorazepam, Omeprazole. Prior LESI noted 80% relief of symptoms (no duration provided). Exam showed positive SLR bilaterally; decreased sensation in bilateral calves; DTR brisk in all UE/LE; motor 5/5 in BUE and BLE. Treatment plan included bilateral EMG/NCS and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SONATA 10MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the ODG. Additionally, Sonata is a benzodiazepine-like, Schedule IV controlled substance. ODG also does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic 2004 injury. The Sonata 10mg #30 is not medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NCV) TESTING OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK COMPLAINTS, TABLE 12-8, 309

Decision rationale: Previous MRI of the lumbar spine in April 2009 noted 2mm disc bulge at L5-S1 without central canal or neural foraminal stenosis evident and repeat MRI in 8/30/10 essentially unchanged. It appeared the patient had undergone multiple cervical and lumbar epidural steroid injections including facet blocks with continued pain complaints for an injury that has been deemed P&S by AME. There is no report of new injury or acute flare-up with changed clinical findings to support for the diagnostic study when multiple previous MRI of the lumbar spine show unchanged findings without evidence of canal or neural foraminal stenosis or nerve impingement. Neurological exam also indicated intact motor strength and reflexes in bilateral lower extremities. Diagnostic evaluations and results may assist providers in the appropriate treatment plan as with EMG/NCV for clinical indication of lumbar epidural steroid injections to relieve symptom complaints. This is not the case here as the patient had unchanged MRI findings without previous ESIs that have not provided long-term relief or functional improvement. The NCV and EMG of bilateral lower extremities are not medically necessary and appropriate.