

Case Number:	CM13-0072736		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2003
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Rehabilitation, has a subspecialty in Sports 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 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:

The injured worker is a 58-year-old female who reported injury on 7/9/03 due to cumulative trauma while performing normal job duties. The injured worker sustained injuries to the cervical, lumbar, and bilateral spine and the bilateral knees. The injured worker's treatment history included total right knee arthroplasty in May 2008, total left knee arthroplasty 2010, and posterior lumbar interbody fusion at L4-5 and L5-S1 in October 2012. The injured worker's chronic pain was managed with physical therapy, medications, and epidural steroid injections. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 9/26/13. It was documented that the injured worker had persistent neck pain complaints radiating into the bilateral upper extremities and low back pain complaints radiating into the bilateral lower extremities. It was documented that the injured worker had 7/10 pain with medications that increased to a 9/10 without medications. Physical findings included decreased range of motion of the lumbar spine with tenderness of the spinous process from the L4-S1 level and myofascial tenderness of the paraspinal musculature. Evaluation of the cervical spine documented limited range of motion secondary to pain with spinous process tenderness from the C4-7 level and myofascial tenderness of the paraspinal musculature. The injured worker had decreased motor strength in the right upper extremity and decreased sensation throughout the C4-6 dermatomal distribution. The injured worker's diagnoses included lumbar radiculopathy, status post lumbar fusion, cervical radiculopathy, cervical facet arthropathy, headaches, chronic pain, bilateral knee pain, vitamin D deficiency, obesity, status post bilateral total knee arthroplasties, and history of anemia.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM does not address this request, so alternate guidelines were used instead. The Official Disability Guidelines recommended pharmacological intervention for insomnia related to chronic pain for short durations of treatment after nonpharmacological interventions have failed to treat the injured worker's symptoms. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's sleep hygiene to support there was a significant interruption in sleep patterns related to chronic pain. Additionally, there is no documentation that the injured worker has failed to respond to nonpharmacological interventions. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary.