

<b>Case Number:</b>	CM14-0112017		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old male who reported an injury on 07/20/2011. The mechanism of injury was not provided with the review. The diagnosis was noted to be a strain, unspecified. Prior treatment included acupuncture and medications. The injured worker has had diagnostic imaging studies. There was no surgical history pertinent to the review. The injured worker's subjective complaints were noted to be weakness of the left upper extremity. The injured worker also indicated sleep disturbance related to the left upper extremity pain and paresthesias. The physical examination noted pain over the left elbow medial epicondyle. There was also pain in the left thumb with tendonitis of the extensor tendon. The treatment plan was noted to be a home exercise program, with 12 additional acupuncture sessions. The provider's rationale for the request was noted within the treatment plan. A Request for Authorization form was not provided with the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Qty: 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture, quantity 12, is not medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction of work restrictions. The documentation submitted for review fails to provide objective data to support a reduction in pain, a reduction in inflammation, an increase in blood flow and range of motion, a decrease of the side effects of medication-induced nausea, a promotion of relaxation, and it also does not indicate a reduction in muscle spasm. It is not noted that there is a physical rehabilitation plan to hasten functional recovery. Prior acupuncture treatments of 6 sessions did not provide objective data of significant improvement in activities of daily living or reduction in work restrictions. Therefore, the request for acupuncture, quantity 12, is not medically necessary.

**Ambien 10mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Zolpidem (Ambien).

**Decision rationale:** The request for Ambien 10 mg, quantity 1, is not medically necessary. The Official Disability Guidelines state Ambien is a prescription "short-acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia." Proper sleep hygiene is critical to the individual with chronic pain, and is often hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opiate pain relievers. There is also concern that they may increase pain and depression over the long term. In addition, in a laboratory study, 15% of women and 3% of men who took a 10 mg dose of Ambien had potentially dangerous concentrations of the drug in their blood 8 hours later. The request for 10 mg Ambien, quantity 1, appears to be indicative of short-term therapy duration. However, prior use of Ambien, according to the documentation submitted for review as far back as 06/24/2014, does not clearly indicate efficacy. Therefore, the request for Ambien 10 mg, quantity 1, is not medically necessary.