

Case Number:	CM14-0133909		
Date Assigned:	08/27/2014	Date of Injury:	03/20/2009
Decision Date:	10/02/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Ohio. 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 49-year-old female who reported an injury on 03/20/2009, reportedly a student rolled a backpack across her foot while walking. She essentially had a fall for, striking her chin on the asphalt and hitting her knees and hands, and causing injury to her low back. The injured worker's treatment history included surgery, physical therapy, hyalgan injections, and medications. The injured worker was evaluated on 08/26/2014 and it was documented the injured worker's gait remains slightly antalgic with weight bearing favored on the right leg. She was able to ambulate without assistance and did not require uses of a cane. She utilizes a left thumb immobilizer brace. She had tenderness over the left CMC joint of the thumb. Examination of the left knee showed medial joint line tenderness lateral on the left. The knee was stable to loading with varus and valgus angulation. Anterior and posterior drawer signs were normal. There was full 130 degrees range of motion. No swelling or effusions were palpated. Examination of the lumbar spine showed flexion around 40 degrees, extension around 20 degrees, left and right lateral bending past 20 degrees. Straight leg was negative bilaterally. There was some slight weakness in EHL function bilaterally; otherwise, normal dorsi- and plantar flexion, leg flexion/extension and thigh flexion. There was spasm and guarding at the base of the lumbar spine. The provider noted the injured worker has a long history of sleep disturbances. It was noted the injured worker reported that some nights she's unable to sleep for 2 nights at a time. She was feeling anxious regarding this because she was concerned that her pain would worsen due to lack of sleep. Diagnoses included therapeutic drug monitor; long term use of medications; syndrome postlaminectomy lumbar; S/P L4 fusion; pain in joint in lower leg/left knee; carpal tunnel syndrome, left; and pain in joint hand, left thumb CMC arthritis. Medications included

Ambien 5 mg, tramadol Hcl 50 mg, baclofen 20 mg and Naprosyn 500 mg and morphine sulfate ER 30 mg. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP (X MONTHS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute & Chronic) Gym Memberships.

Decision rationale: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) does not recommend gym memberships as a medical as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The documents submitted indicated the injured worker has had physical therapy however, the provider failed to submit documentation indicating outcome measurements for those sessions. In addition, there was lack of evidence of failed home exercise regimen, medications and long-term functional goals for the injured worker. The request failed to indicate frequency and duration of membership. Given the above, the request for gym membership (X months) is not medically necessary.

AMBIEN 5MG: 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 (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The request for Ambien 5 mg is not medically necessary. The ODG states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is 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

opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.