MAXIMUS Federal Services

Case Number:	CM14-0153036		
Date Assigned:	10/24/2014	Date of Injury:	08/31/1995
Decision Date:	11/25/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family Medicine 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 is a 74 years old female patient who sustained an injury on 8/31/1995. She sustained the injury after a fall down concrete steps at work while teaching. The current diagnoses include lumbar radiculopathy, lumbar spinal stenosis, foot pain, muscle spasm, hip pain, low back pain and wrist pain. Per the doctor's note dated 10/15/14, she had complaints of low back pain with radiation to the left leg; poor sleep. The physical examination revealed antalgic gait, restricted lumbar spine range of motion, paravertebral muscle spasms and tenderness, negative straight leg raising test, positive facet loading test on the right, normal range of motion of the right foot, tenderness over the tops of bilateral feet, decreased pin prick sensation in right dorsum of big and little toe; 2/4 knee reflexes and ankle reflexes bilaterally. The current medications list includes Ambien, Linzess, Senokot XTRA, methadone, Soma and Miralax. She has had lumbar MRI dated 6/9/14 which revealed grade 1 anterolisthesis of L3 on L4 without evidence of compression fracture, L3-L4 moderate to severe central canal stenosis, related to anterolisthesis, disc bulge, and facet hypertrophy, mild central canal stenosis seen to a lesser degree L2-L3, no focal disc protrusions, mild neuroforaminal stenosis bilaterally L3-L4 related to spondylolisthesis, disc space height loss, and facet hypertrophy, L4-5 and L5-S1 moderate to severe disc space height loss, facet hypertrophy, disc bulge, mild neuroforaminal stenosis to a lesser degree on the right at L2-L3 and bilaterally at L4-L5 and L5-S1;lumbar spine X-rays dated 11/28/11 which revealed degenerative discopathy L1 through S1 with facet arthropathy L3 though S1; lumbar MRI dated 4/4/11 which revealed degenerative grade I anterolisthesis of L3 on L4 with circumferential disc bulge & ligamentum flavum/facet hypertrophy resulting in severe central stenosis (congenital plus acquired), tiny central/left posterior paracentral disc protrusion at L4-5 with circumferential disc bulge and ligamentum flavum/facet hypertrophy resulting in mild to moderate central stenosis and mild tomoderate narrowing of the lett lateral

recess, circumferential disc bulge with flavum/facet hypertrophy at L2-3 resulting in mild to moderate central stenosis, modic type I degenerative end plate changes from L1-L2 to L5-S1, most significant at L3-L4 and L4-L5 and advanced levels of foraminal compromise; electrodiagnostic studies dated 5/17/11 which revealed left peroneal neuropathy, right L5 mild stable radiculopathy; electrodiagnostic studies dated 7/2/2009; electrodiagnostic studies dated 4/24/2009 with no abnormalities to suggest radiculopathy. She has undergone right total hip arthroplasty on 8/18/2009; closed reduction of left total hip prostheses on 10/27/2006, 12/2/2006, and 2/18/2007; right shoulder rotator cuff repair in July 2002, left total hip replacement on 11/9/2000, right knee manipulation under anesthesia on 1/7/1999 and right knee cemented total knee arthroplasty on 9/23/1998. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30 with 2 refills: 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 (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 10/30/14) Zolpidem (AmbienÂ®)

Decision rationale: Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request.Per ODG guidelines, "Zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia was not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien CR 12.5mg #30 with 2 refills is not fully established for this patient at this time.

Home treadmill: 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), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 10/28/14) Exercise Gym memberships

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG cited above regarding exercise "While a home 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." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of gym membership is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. In addition per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The medical necessity for Home treadmill is not fully established at this time in this patient.