

<b>Case Number:</b>	CM14-0170852		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Internal 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:

The patient is a 49 year old female who had her injury on 3/20/09. The MD note from 9/26/14 states that the patient has chronic lumbar, bilateral knee and hip pain. She is also noted to have left hand pain and is status post (s/p) lumbar fusion at L4-5 in November of 2012. She is also noted to be a graduate of a Functional Restoration Program. She is noted to have continuing low back pain with numbness and tingling in her lower extremities and also to have insomnia. She was noted to be experiencing an exacerbation of her lumbar pain in the past couple of weeks. Pain is also noted in the left wrist and thumb. She did have PT but had difficulty with transportation and only had 2 visits which did not help her. She was noted to have been given authorization for gym membership and she was awaiting results of an electromyography (EMG) that had been done. There was also noted to be a history of fibromyalgia and depression. A request for 12 massage treatments was made to help with her pain and mobility. It was also noted that MS helped with her pain. The chart also noted that the patient had suffered from depression. An appeal letter was made on 10/8/14 for the approval of Ambien. It was stated that the patient had chronic insomnia secondary to her chronic pain and that she had complained of this on office visits in September and April. Also, she was anxious that she would not sleep and the lack of sleep would exacerbate her pain syndrome. The letter stated that Remeron and Xanax had not been effective and that the patient was instructed not to take the Ambien daily. It was also noted that no side effects had been noted. Note stated that because she had chronic insomnia, sleep hygiene and other behavioral treatments would probably not be helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy sessions, qty: 6,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Archives of Surgery, 2007, Mitcheson

**Decision rationale:** The Chronic pain section addresses massage therapy. It states that it should be utilized as an adjunct to other recommended treatments such as exercise and limited to 4-6 visits in most cases. Scientific studies show contradictory results in many studies and long term follow up is lacking. Massage is noted to be beneficial in attenuating diffuse musculoskeletal symptoms, but the beneficial effect is only noted during actual therapy. It is noted that this is a passive modality and that dependence should be avoided. A small pilot study showed massage can be effective as standard medical treatment in chronic pain patients. The MTUS also states that there is strong evidence of its benefit in reducing stress and anxiety. It states that an MD should be able to refer a patient to a qualified massage therapist when it is appropriate. One study in the Archives of Surgery, 2007, Mitcheson demonstrated that massage therapy is an effective adjunct to relieving post op pain in major surgery. The above patient did not have an adequate trial of PT. She was also given gym membership, but this is an unsupervised situation and may not prove that beneficial. As stated above, the massage therapy should be an adjunct to other therapies such as exercise. The patient is not being given an adequate active exercise program or PT program which could be complemented by the massage therapy. Therefore, the request is not medically necessary.

**Ambien 5mg #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 (ODG), Chronic Pain, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date discussion of Ambien and sleep hygiene

**Decision rationale:** Ambien is a medicine used to treat insomnia. The literature states that medications should be a last resort for insomnia and should be used as short a duration of time as possible and in as low a dose as possible. Initial treatment should be treatment of general medical and psychological issues that could be causing the insomnia and instruction in general sleep hygiene and behavior modification in order to treat this condition. The next step, if the above is not successful, would be the use of cognitive behavioral therapy. Only if all the above measures are unsuccessful should sleep meds be utilized and again for the shortest time period possible and in the smallest doses possible. It is noted that Ambien could have side effects such as high blood pressure (HBP), palpitations, anxiety, muscle cramps and back pain. In the above patient

note, she did suffer from depression. A trial of Remeron was unsuccessful, but there are other meds which might have been efficacious in treating both her depression and anxiety. Also, a patient with depression cognitive therapy may be an important adjunct in aiding her treatment of insomnia. Therefore, the request is not medically necessary.