

Case Number:	CM14-0176026		
Date Assigned:	10/29/2014	Date of Injury:	11/14/2006
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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 Emergency 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 injured worker is a 56 year-old male, who sustained an injury on November 14, 2006. The mechanism of injury occurred when he was runover by a forklift scissor machine. Pertinent diagnostics were not noted. Treatments have included: right ankle ORIF and related surgeries, injections, physical therapy, medications, psychotherapy. The current diagnoses are: s/p crush injury - bimalleolar fractures to both ankles, s/p ORIF, depression. The stated purpose of the request for Ambien 10mg #30 was not noted. The request for Ambien 10mg #30 was denied on October 3, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Triamcinolone Cream 0.1%: was not noted. The request for Triamcinolone Cream 0.1%: was denied on October 3, 2014, citing a lack of documentation of a current rash. The stated purpose of the request for MRI of the lumbar spine was not noted. The request for MRI of the lumbar spine was denied on October 3, 2014, citing a lack of documentation of positive exam findings indicative of nerve entrapment or red flag conditions. Per the report dated September 5, 2014, the treating physician noted complaints of neck pain with upper extremity radiculitis, left ankle/foot pain, low back pain with lower extremity radiculitis. Exam findings included cervical and lumbar paraspinal muscle hypertonicity with tenderness, cervical and lumbar limited range of motion, positive straight leg rising for radicular findings on the left, left calcaneus tenderness and healed wound.

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 cite any medical evidence for its decision.

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 requested Ambien 10mg #30, is not medically necessary. CA MTUS/ACOEM is silent on this issue. Official Disability Guidelines, (ODG) Pain (Chronic), Zolpidem (Ambien), notes "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has neck pain with upper extremity radiculitis, left ankle/foot pain, and low back pain with lower extremity radiculitis. The treating physician has documented cervical and lumbar paraspinal muscle hypertonicity with tenderness, cervical and lumbar limited range of motion, positive straight leg raising for radicular findings on the left, left calcaneus tenderness and healed wound. This medication has been prescribed since at least January 2012. The treating physician has not documented the following: detailed documentation of current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above have not been met. Therefore, the request for Ambien 10mg #30 is not medically necessary. detailed documentation of current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 is not medically necessary.

Triamcinolone Cream 0.1%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The requested Triamcinolone Cream 0.1% is not medically necessary. CA MTUS and ODG are silent on this particular steroidal cream. The injured worker has neck pain with upper extremity radiculitis, left ankle/foot pain, and low back pain with lower extremity radiculitis. The treating physician has documented cervical and lumbar paraspinal muscle hypertonicity with tenderness, cervical and lumbar limited range of motion, positive straight leg raising for radicular findings on the left, left calcaneus tenderness and healed wound. The treating physician has not documented the presence of a rash. The criteria noted above have not been met. Therefore, the request for Triamcinolone cream 0.1% is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck pain with upper extremity radiculitis, left ankle/foot pain, low back pain with lower extremity radiculitis. The treating physician has documented cervical and lumbar paraspinal muscle hypertonicity with tenderness, cervical and lumbar limited range of motion, positive straight leg raising for radicular findings on the left, left calcaneus tenderness and healed wound. The treating physician has not documented a positive physical exam findings indicative of nerve compromise including deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above have not been met. Therefore, the request for MRI of the lumbar spine is not medically necessary.