

Case Number:	CM14-0028957		
Date Assigned:	06/16/2014	Date of Injury:	04/28/2011
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, low back pain, hip pain, depression, and insomnia reportedly associated with an industrial injury of April 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; muscle relaxants; and transfer of care to and from various providers in various specialties. In a Utilization Review Report, dated February 14, 2014, the claims administrator denied a request for custom-molded orthotics, stating that the applicant did not have any foot or ankle issues which would support the same. A one-month supply of Voltaren was approved while Ambien was partially certified to a 15-tablet supply of the same for as-needed use purposes. The applicant's attorney subsequently appealed. A January 14, 2014 progress note is notable for comments that the applicant reported complaints of low back pain with numbness about the bilateral feet. The applicant was reporting working regular duty. The applicant stated that he was limping owing to his usage of certain shoes. The applicant did exhibit an antalgic gait without usage of assistive device. Tenderness was noted about the lumbar spine. The applicant was given diagnoses of thoracic strain, multilevel lumbar disk desiccation, hip strain, depression, and insomnia. It was stated that custom-molded orthotics would help to normalize the applicant's gait and reduce the applicant's back and hip pain and allow him to continue working regular duty work. The applicant was described as a probation officer. Authorization for custom-molded orthotic, extended-release Voltaren, and Ambien was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MOLDED ORTHOTICS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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: Shoe insoles and Shoe Lifts. Shoe insoles are recommended for patients with chronic low back pain who have prolonged walking requirements.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS-adopted ACOEM Guidelines in Chapter 12 do not specifically address the topic of orthotics for chronic low back pain, the issue present here. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, however, orthotics are recommended in the treatment of chronic low back pain in applicants who have prolonged standing and walking requirements. In this case, the applicant is a probation officer, is successfully working as the same, and likely has prolonged standing and walking requirements. Therefore, the request is medically necessary.

AMBIEN 10MG ONE (1) QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: The MTUS does not address the topic. However, as noted by the Food and Drug Administration (FDA), Ambien or zolpidem is indicated in the short-term treatment of insomnia, for up to 45 days or less. In this case, however, the attending provider has seemingly written that he intends to employ Ambien for chronic, long-term, and/or scheduled use purposes. This is not an FDA approved purpose. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to furnish some compelling evidence for usage of drugs for non-FDA label purposes. In this case, however, no such evidence was provided. Therefore, the request is not medically necessary.