

Case Number:	CM14-0031063		
Date Assigned:	06/20/2014	Date of Injury:	08/31/2007
Decision Date:	07/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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, Tennessee, and Florida. 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 53 year old male who sustained an injury on 08/31/07 while squatting to cut plastic wrap. The injured worker developed pain in the low back radiating to the mid-back and around the flanks. The injured worker is noted to have had prior surgery in the lumbar spine to include L4-5 facetectomy, discectomy, and interbody fusion. Postoperatively, the injured worker was followed for chronic pain and associated depression. Medications have included Opana, Lyrica, Venlafaxine, Deplin, and Ambien. The injured worker was being followed by psychiatry as well as pain management. Recent treatment through January of 2014 included 10 sessions of aquatic therapy which did provide benefits in terms of pain and allowed for some weight loss. The injured worker did have prior medial branch blocks in the lumbar spine as well as a radiofrequency neurotomy and epidural steroid injections. The injured worker reported developing foot drop in both feet which required the use of bilateral ankle foot orthoses. The orthopedic evaluation on 03/17/14 noted tenderness in the lumbar spine over the incision sites. There was normal lumbar range of motion, especially on flexion and twisting. There was poor muscle tone in the abdomen. Some decreased sensation in the anterolateral aspect of the thighs was noted. Motor strength was intact in the lower extremities. The injured worker was felt to have achieved maximum medical improvement. The report did recommend continuation of aquatic therapy due to the total physical deconditioning felt to be present on physical examination. The injured worker reported good effects with the use of Effexor and Deplin on 04/09/14. The injured worker was continuing to use Ambien 10mg for sleep and was utilizing Klonopin instead of Ativan. The injured worker did report a brighter mood with an appropriate affect. No significant psychological complaints were identified. The requested Ativan 1mg twice daily, Ambien 10mg, quantity 30, 3 months of additional aquatic aerobic treatment, and continued care therapy were all denied by utilization review on 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ativan 1 mg bid prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In regards to the request for Ativan 1mg twice daily, this reviewer would not have recommended this medication as medically necessary. Chronic Pain Medical Treatment Guidelines do not recommend long term use of Benzodiazepines due to the risk factors for dependence and abuse. From the reports, this medication was discontinued in favor of a different Benzodiazepine. Therefore this medication is not medically necessary.

30 Ambien 10mg: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Zolpidem.

Decision rationale: In regards to the use of Ambien 10mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such this request is not medically necessary.

3 months of aquatic treatments-aerobic: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: In regards to the request for an additional 3 months of aquatic aerobic therapy, this reviewer would have recommended this treatment as medically necessary. The injured worker attended 10 sessions of aquatic therapy with reported improvements to include 8-

10 lbs. of weight loss. In review of the recent clinical report noting total physical deconditioning, this injured worker would reasonably benefit from further organized aquatic therapy designed to improve the injured worker's overall physical ability. The injured worker is noted to have had a good response to aquatic therapy to date and this treatment should reasonably continue for an additional 3 months to allow the injured worker for further functional improvement to the point where he could reasonably continue with a program on his own. Therefore, the request for 3 months aquatic therapy treatment-aerobic is medically necessary based on Chronic Pain Medical Treatment Guidelines.

1 request for continued care therapy with Annelie Purdy, PhD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: In regards to the request for continued care therapy, this reviewer would not have recommended this request as medically necessary. As of the last evaluations, there was no indication of any substantial psychological complaint that would require the use of continued care which would require continued psychotherapy sessions. No further goals were set for continuing individual psychotherapy and the injured worker reported good response to antidepressant medications. Therefore this request is not medically necessary.