

Case Number:	CM14-0031365		
Date Assigned:	06/20/2014	Date of Injury:	07/23/2001
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 07/23/2001. The mechanism of injury was not provided. The clinical note dated 01/09/2014 noted the injured worker presented with low back and knee pain, as well as difficulty falling asleep due to pain. Prior treatment included rest, activity modification, heat, and medication. Upon examination, there was a positive Kemp's test bilaterally, positive straight leg raise seated test bilaterally, and the range of motion values for the lumbar spine were 40 degrees of lumbar flexion, 20 degrees of lumbar extension, and 20 degrees of lateral bending. The diagnoses were right knee arthroscopy, lumbar spine disc excision and fusion of L4-5, lumbar bulging disc 2 mm at L5-S1, depression, and chest pain. The provider recommended a CT scan of the lumbar spine, orthopedic surgery consultation, Ambien, Vicodin, and Soma. Providers rationale of the CT scan was to evaluate hardware and the Orthopedic consultation was to address right knee arthroplasty. The request for authorization form was dated 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT.

Decision rationale: The request for a CT scan of the lumbar spine is non-certified. California MTUS/ACOEM state with physiologic evidence indicating tissue insult or nerve impairment may warrant an imaging test, usually magnetic resonance imaging to evaluate neural or other soft tissues or computer tomography (CT) for bony structures. More specifically, the Official disability guidelines further state that a CT scan would be considered if x-rays do not confirm a fusion. The included medical documentation lacked evidence of the injured worker's failure of conservative treatment to include medication and physical therapy. The provider requested a CT scan for evaluation of hardware. There is no mention of the use of x-ray imaging to confirm a fusion. As such, the request is non-certified.

Orthopedic Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The request for orthopedic surgeon consultation is non-certified. ACOEM/California MTUS Guidelines state referral for surgical consultation may be indicated for injured workers who have activity limitation for more than 1 month and failure of exercise program to increase range of motion and strength of the musculature around the knee. Earlier emergency consultation is reserved for injured workers who may require drainage of acute effusion or hematomas. Referral for early repair of ligament or meniscus tear is still a matter for study because many injured workers can have satisfactory results with physical rehabilitation and avoid surgical risks. The included medical documentation does not indicate that the injured worker was on activity limitation for more than a 1 month or had failed an exercise program to increase range of motion and strength. As such, the request is non-certified.

Ambien 10mg #30 with 4 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, 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, Zolpidem.

Decision rationale: The request for Ambien 10 mg #30 with 4 refills is non-certified. The Official Disability Guidelines state that zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is approved for the short-term (usually 2 weeks to 6 weeks) treatment of insomnia. Zolpidem is the same drug as Ambien. Proper sleep hygiene is critical to

the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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 may impair function and memory more than opioid pain relievers. There is also concern that may increase pain and depression over the long-term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The clinical documentation states that Ambien is a continued prescription; however, there is lack of documentation as to the length of time the injured worker had been prescribed Ambien. The efficacy of the medication was not provided. The medical documents lacked evidence of the severity of the insomnia, whether the injured worker was having trouble with sleep onset, maintenance, quality of sleep, or next day functioning. The request for Ambien 10 mg #30 and 4 refills would be equivalent to a four month supply of medication, and would exceed the guideline recommendation of short-term (2 to 6 weeks) treatment of insomnia. The provider's request did not include a frequency of the medication. As such, the request is non-certified.

Vicodin ES 750mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Vicodin ES 750 mg #120 with 4 refills is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has prescribed Vicodin since at least 05/2013. The efficacy of the medication is not provided. The provider's request did not include the frequency of the medication. As such, the request is non-certified.

Soma 350mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 350 mg #120 with 4 refills is non-certified. The California MTUS Guidelines do not recommend Soma. The medication is not indicated for long-term use. Soma is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Use has been noted for sedative and relaxant effects.

As the guidelines do not recommend Soma, the medication would not be indicated. The provider's request did not indicate the frequency of the medication. As such, the request is non-certified.