

Case Number:	CM14-0034743		
Date Assigned:	06/20/2014	Date of Injury:	02/13/2013
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48-year-old woman who sustained a work-related injury on February 13, 2013. Subsequently, she developed bilateral shoulder and neck pain. According to a note dated on January 28, 2014, the patient reported some improvement of her pain. Her physical examination demonstrated neck tenderness with reduced range of motion and positive impingement tests. Her sensory examination showed reduced sensation in the median nerve distribution. Her MRI of the cervical spine performed on April 3, 2015 demonstrated annular prominence upon the anterior cord C3-4 and somewhat less at C4-5. Her Electromyography (EMG) performed on 2013 was negative for cervical radiculopathy. The patient was diagnosed with cervical radiculopathy, impingement syndrome and bilateral carpal tunnel syndrome. The patient was treated with the cervical epidural injection on June 11, 2013 without any relief, 6 sessions of acupuncture and pain medications. Chiropractic treatment was attempted for 6 sessions without clear benefit. The provider requested authorization for zolpidem and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartate (Ambien) For Sleep Aid: 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 chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) <http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: According to ODG guidelines, non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists), is the first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. It seems that the patient has been prescribed in the past without clear documentation of efficacy. There is no objective characterization of the patient sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. Therefore, the prescription of Zolpidem Tartate (Ambien) For Sleep Aid is not medically necessary.

Continued Chiropractic Therapy 3 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (Neck and Upper Back Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no documentation of objective findings that support musculoskeletal dysfunction. The patient underwent at least 6 sessions of chiropractic treatment with minimal improvement and no documentation of functional improvement that would require the continuation of chiropractic treatment. Therefore the request for Continued Chiropractic Therapy 3 times 4 treatments is not medically necessary.