

Case Number:	CM14-0037923		
Date Assigned:	06/25/2014	Date of Injury:	05/04/2012
Decision Date:	08/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/31/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male who had a work related injury on 05/04/12. The injured worker was an inmate firefighter for the [REDACTED], while going down a steep hill during a training drill, his left leg became stuck in the mud and he had a hyperextension injury to his knee and felt a pop followed by severe pain. He was seen by a physician at the prison, x-ray of his left knee was taken at that time, and he was told nothing was fractured. The injured worker was paroled in 06/12 and sought care with his private physician. He had a cortisone injection in his left knee which he found to be helpful. He was also given pain medication. He followed up with an orthopedic surgeon. He then began a course of physical therapy which he attended for one and a half months. Treatment included electrical stimulation and instruction home exercise program with no relief of his symptoms. On 09/18/13 he had left knee arthroscopy with partial meniscectomy, the patient developed post-operative deep vein thrombosis (DVT) in his left calf requiring hospitalization. Following the surgery the patient underwent post-operative physical therapy which consisted of electrical stim, whirlpool, and myofascial release and therapeutic exercises. The most recent progress note dated 06/09/14, on physical examination, his gait was antalgic and left leg guarded with left lower extremity atrophy. Toes in the left foot were cold. There was marked left distal leg weakness and decreased range of motion in the ankle. The injured worker had significant allodynia and cold foot and findings that were consistent with chronic regional pain syndrome (CRPS) in the left lower extremity. He was recommended orthopedic shoes for CRPS symptoms. Diagnosis includes; left knee internal derangement (status post left knee arthroscopy in 09/13), left lower extremity complex regional pain syndrome, and lumbar discogenic pain. There is a history of post-operative left leg deep vein venous thrombosis, with questionable pulmonary embolus with indeterminate computed tomography (CT) angiogram in 09/13. There is persistent thrombus in

the anterior calm/posterior tibial veins. The current medications are gabapentin 800-2400mg daily, Norco 10mg PO twice daily, Ambien 10mg at night for sleep disorder, and anticoagulation medication. The current request is for a home interferential unit trial for 30 days, and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential unit trial x days qty: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Interferential current stimulation (ICS).

Decision rationale: The clinical documentation submitted for review, as well as evidence based guidelines do not support the request. It does not recommend as an isolated intervention. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Therefore, the interferential unit trial is not medically necessary.

Ambien 10mg QTY:30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Zolpidem (Ambien®).

Decision rationale: The evidence based guidelines do not support the request for Ambien. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Ambien is not medically necessary.