MAXIMUS Federal Services

Case Number:	CM14-0050259		
Date Assigned:	06/25/2014	Date of Injury:	06/10/2004
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 patient is a 50-year-old male with a date of injury of 06/10/2004. The listed diagnoses per [redacted] are: 1. Lumbar DDD (Degenerative Disc Disease) Status Post multiple L4-L5 diskectomies. 2. Lumbosacral radiculopathy. 3. Chronic low back pain. 4. Bilateral peroneal neuropathies. 5. Significant gait disturbance. 6. Pain related insomnia. 7. Pain related depression. 8. Possible left hip DJD (Degenerative Joint Disease). 9. Right shoulder impingement syndrome. 10. Bilateral chronic knee pain with recent worsening of right knee. According to progress report 02/18/2014 by [redacted], the patient presents with chronic low back pain. The patient is status post lumbar surgery on 04/11/2013 with [redacted]. Examination revealed tenderness throughout the mid and upper spine; slight swelling in the bilateral lower extremities, and lumbar spine showed healed 8cm incision. The patient's medication included Neurontin 800 mg, Wellbutrin XL 150 mg, Cymbalta 60 mg, Robaxin 500 mg, Motrin 800 mg, Ambien 10 mg, and Lidoderm patches. The patient states he is averaging 4 hours of sleep at night with Ambien, whereas without this medication, he tends to sleep only an hour a night. The treater is requesting a 1 year follow-up aftercare, 1 year gym membership, and Ambien 10 mg #20 with 1 refill. Utilization review denied the request on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year of follow up aftercare: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with chronic neck and low back pain with radiation to bilateral lower extremities. [redacted] is requesting 1 year follow-up aftercare for this patient. Utilization review modified the certification of 1 year follow-up care to 3 visits between 01/14/2014 and 04/19/2014. ACOEM, ch 12, Low Back, Pg 303 has the following regarding Follow-up Visits: Patients with potentially work-related low back complaints should have follow up every three to five days by a mid level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. In this case, the patient is status post lumbar surgery on 04/11/2013. Follow up care is reasonable and medically necessary given the patient's diagnoses and chronic pain. Therefore, the request for one year of follow up aftercare is medically necessary and appropriate.

1 gym membership: 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), Low back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG) Knee, Low Back and Shoulder Chapters, Gym membership and Physical Therapy & Exercise.

Decision rationale: This patient presents with chronic neck and low back pain with radiation to bilateral lower extremities. The treater is requesting 1 gym membership to continue independent exercise and physical strengthening. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the treater has asked for a gym membership but there is no explanation as to why the patient is unable to exercise at home, and what specific equipment needs the patient has. Therefore, the request for gym membership is not medically necessary and appropriate.

Ambien 10mg #20 with 1 refill: 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), Zolpidem (Ambien).

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

Decision rationale: This patient presents with chronic neck and low back pain with radiation to bilateral lower extremities. The patient reported averaging 4 hours of sleep a night with Ambien and without the medication, he tends to sleep only 1 hour per night. The treater is requesting Ambien 10 mg #20 with 1 refill. The MTUS and ACOEM Guidelines do not address Ambien.

However, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the treater has prescribed this medication for long term use. ODG Guidelines does not recommend long-term use of this medication, and As such the request for Ambien 10mg #20 with 1 refill is not medically necessary and appropriate.