

<b>Case Number:</b>	CM14-0050986		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Emergency Medicine, 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 injured worker is a 35 year-old male, who sustained an injury on May 9, 2011. The mechanism of injury is not noted. Diagnostics have included: February 18, 2013 lumbar spine MRI which was reported as showing L5-S1 fusion and L4-5 disc replacement artifact with adequate alignment; September 20, 2013 lumbar x-rays was reported as pedicle screws removal, L5-S1 fusion in progress with excellent implant position. Treatments have included: medications, physical therapy, injections, activity modification, March 27-28, 2012 L5-S1 anterior and posterior fusion with L4-5 disc replacement, September 18, 2013 posterior lumbar hardware removal. The current diagnoses are: L5-S1 spondylolisthesis, lumbar disc degeneration; s/p March 27-28, 2012 L5-S1 anterior and posterior fusion with L4-5 disc replacement; s/p September 18, 2013 posterior lumbar hardware removal. The stated purpose of the request for Ambien 10mg #30 with 3 refills was to provide sleep management. The request for Ambien 10mg #30 with 3 refills was denied on April 15, 2014, citing a lack of documentation of a tapering as previously recommended, no delineation of sleep disturbances, nor documented improvement from prior use of this medication. The stated purpose of the request for Continue Bone Growth Stimulator - Purchase, was to provide increased chance for a successful fusion while decreasing the possibility of failed fusion and repeat surgery. The request for Continue Bone Growth Stimulator - Purchase, was modified for six weeks, on April 15, 2014, noting evidence-based support for its use to increase the likelihood of a solid fusion and to avoid further surgery. Per the report dated March 27, 2014, the treating physician noted improving back and leg pain after surgery. Exam findings included: improved gait with occasional use of a cane, lumbar range of motion restriction due to pain, 5/5 motor strength, negative straight leg raising test, normal sensation and reflexes. Per the report dated April 3, 2014, the treating physician noted complaints of low back pain. Per the April 18, 2014 appeal

report, the treating physician noted that Ambien was necessary for sleep management, and that peer-review evidence-based medicine increases the chance for a successful fusion while decreasing the possibility of failed fusion and repeat surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg #30 with 3 refills:** Upheld

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

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

**Decision rationale:** The requested Ambien 10mg #30 with 3 refills is not medically necessary. CA MTUS/ACOEM is silent on this issue. Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien), notes Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The injured worker has improving back and leg pain after surgery. The treating physician has documented improved gait with occasional use of a cane, lumbar range of motion restriction due to pain, 5/5 motor strength, negative straight leg raising test, normal sensation and reflexes. The treating physician has not documented the following: duration of treatment, detailed documentation of current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 with 3 refills, is not medically necessary.

**Continue Bone Growth Stimulator - Purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Growth Stimulators (BGS).

**Decision rationale:** The requested Continue Bone Growth Stimulator - Purchase, is not medically necessary. CA MTUS/ACOEM is silent on this issue. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Growth Stimulators (BGS), note bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. The injured worker has

improving back and leg pain after surgery. The treating physician has documented improved gait with occasional use of a cane, lumbar range of motion restriction due to pain, 5/5 motor strength, negative straight leg raising test, normal sensation and reflexes. September 20, 2013 lumbar x-rays were reported as pedicle screws removal, L5-S1 fusion in progress with excellent implant position. The request for Continue Bone Growth Stimulator - Purchase, was modified for six weeks, on April 15, 2014, noting evidence-based support for its use to increase the likelihood of a solid fusion and to avoid further surgery. The treating physician has not documented the presence of any of the aforementioned criteria for recommended use of a bone growth stimulator. The criteria noted above not having been met, Continue Bone Growth Stimulator - Purchase, is not medically necessary.