

Case Number:	CM14-0083690		
Date Assigned:	07/21/2014	Date of Injury:	06/11/2002
Decision Date:	08/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas and Ohio. 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 61-year-old female who reported injury on 06/11/2002. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of chronic pain, lumbar facet arthropathy, lumbar radiculitis, and chronic pain syndrome. The injured worker's past treatment includes injection of B12 and Toradol, a home exercise program of her right hand/wrist and lumbar spine, pain management, and medication therapy. There were no pertinent diagnostics regarding the injured worker's lumbar spine submitted in the report. The injured worker complained of low back pain that radiated to the left knee. She said it was aggravated by activity and walking. The injured worker rated her pain at a 5/10 with medications and a 7/10 without medications. Examination of the lumbar spine dated 04/10/2014 revealed that the injured worker had tenderness upon palpation in the paravertebral area L4-S1 levels. The injured worker's range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension. Facet signs were present. Sensory examination was within normal limits bilaterally. A straight leg raise at 90 degrees sitting position was negative bilaterally. The injured worker's medications include Ambien CR 12.5 mg 1 tablet by mouth at bedtime, tramadol ER 150 mg 1 tablet by mouth daily, vitamin D 2000 IU 2 tablets by mouth daily, ketoprofen 75 mg daily, and Ambien 10 mg at bedtime as needed. The treatment plan for the injured worker includes a median branch nerve block, the medications Ambien CR, ketoprofen, and zolpidem. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, facet joint diagnostic blocks (injections) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The request for Bilateral L4-S1 medial branch nerve block is not medically necessary. The injured worker complained of low back pain that radiated to the left knee. She said it was aggravated by activity and walking. The injured worker rated her pain at a 5/10 with medications and a 7/10 without medications. CA MTUS/ACOEM Guidelines indicate that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state criteria for a medial branch block include documentation of failure of conservative care to include physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks. As the submitted report lacked evidence of documentation showing whether the injured worker was initially unresponsive to conservative care to include physical therapy for at least 4-6 weeks prior to the procedure, the injured worker is not within CA MTUS/ACOEM guidelines. As such, the request for bilateral L4-S1 medial branch nerve block is not medically necessary.

Ambien CR 12.5mg #30: 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) Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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

Decision rationale: The request for Ambien CR 12.5mg #30 is not medically necessary. The injured worker complained of low back pain that radiated to the left knee which was aggravated by activity and walking. Official Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting non benzodiazepine hypnotic, appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The progress note dated 02/15/2013 showed that the injured worker had been taking Ambien CR 12.5 mg since then. The Official Disability Guidelines stipulate that this medication should be short-term, generally 2 to 6 weeks. The injured worker exceeds the guidelines. The submitted request failed to include the frequency of the requested medication. Furthermore, the efficacy of the medication was not documented in submitted report. As such, the request for Ambien CR 12.5 #30 is not medically necessary.

Ketoprofen 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s) 70,72 Page(s): 70-72.

Decision rationale: The request for Ketoprofen 75mg #30 is not medically necessary. The injured worker complained of low back pain that radiated to the left knee. She said it was aggravated by activity and walking. The injured worker rated her pain at a 5/10 with medications and a 7/10 without medications. The MTUS guidelines state that non-selective NSAIDs, such as Ketoprofen inhibit prostaglandin synthesis by decreasing the activity of the enzymes COX-1 and COX-2, which results in decreased formation of prostaglandins involved in the physiologic response of pain and inflammation. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is no evidence of long-term effectiveness for pain or function. The guidelines recommend that ketoprofen be given at its lowest effective dose, which is 50 mg. Given that the request is for 75 mg, it exceeds the MTUS guidelines. The report also lacked any updated documentation on the functionality of the ketoprofen's effectiveness. There was also no documentation showing whether the ketoprofen helped with the injured worker's functional deficits. The submitted request failed to include the frequency of the requested medication. Furthermore, guidelines recommend anti-inflammatories for first line treatment, but do not recommend them for long-term. As such, the request for ketoprofen 75 mg #30 is not medically necessary.

Zolpidem 10mg #30: 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) Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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

Decision rationale: Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting no benzodiazepine hypnotic, appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The submitted report shows that the injured worker had been taking the zolpidem (Ambien) since 02/15/2013. According to the MTUS Guidelines this exceeds the recommended short-term treatment use for insomnia. There was no rationale as to why the

injured worker would need to use both Ambien and Ambien CR. The submitted report also lacked any evidence as to the efficacy of the medication. Furthermore, the submitted request did not specify a frequency of the requested medication. As such, the request for zolpidem 10 mg #30 is not medically necessary.