

Case Number:	CM14-0088414		
Date Assigned:	07/23/2014	Date of Injury:	11/05/2004
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 31-year-old female who reported an injury on 11/05/2004, due to slipping and falling backwards over a crate from a wet floor. The injured worker had a history of restless sleep and lower back pain that radiated down the right leg. The injured worker had a diagnosis of disc bulges at the L5-S1 at L4-5, musculoligamentous strain of the lumbar spine with right lower extremity radiculitis, tailbone contusion, and multiple ganglion cysts in the dorsal right foot. The past surgeries included a status post laminectomy and discectomy. The MRI dated 12/21/2010 of the lumbar spine revealed mild disc degeneration of the L4-5, including a 3 mm annular bulge, moderate disc degeneration of the L5-S1, and facet arthropathy of the L4-5 and L5-S1. The past treatments included medication, injection, psychiatric consult, home exercises, and physical therapy. No other diagnostics were available. The objective findings dated 04/25/2014 of the lumbar spine revealed tenderness over the posterior superior iliac spine to the right with diminished sensation to the posterior right thigh. No medication available for review. The injured worker reported her pain a 10/10 using the VAS. The treatment plan included medication, electromyogram, and a nerve conduction study to the lower extremities, a cortisone injection, and followup appointment. The Request for Authorization dated 06/09/2014 was submitted with documentation. The rationale for the zolpidem and cortisone injection of Depo-Medrol and Xylocaine was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, 1 at bedtime as needed Quantity #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and Stress, Zolpidem (Ambien).

Decision rationale: The request for Zolpidem 10 mg, 1 at bedtime as needed, quantity 30, is not medically necessary. The Official Disability Guidelines (ODG) do not recommend for long-term use, but recommended for short-term use. The clinical notes indicated that the injured worker had been taking the Zolpidem from 12/21/2010 to 01/16/2014. The guidelines indicate that Zolpidem is recommended for short term use. As such, the request is not medically necessary.

Retrospective Cortisone injection of Depo Medrol 80mg/Xylocaine 8cc to right posterior superior iliac spine Date: 04-07-14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for retrospective cortisone injection of Depo-Medrol 80 mg/xylocaine 8 cc to right posterior superior iliac spine dated 04/07/2014 is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The clinical notes dated 04/07/2014 indicated that the injured worker rated her pain 10/10 using the visual analog scale (VAS) and again on 04/25/2014 after receiving the cortisone/Xylocaine injection rated her pain 10/10. This indicates that the injection did not have any effect. The injured worker should be instructed on home exercise plan. The clinical notes indicated that the injured worker current medication list included Tramadol, Ibuprofen, Methocarbamol, and Tylenol with codeine. The guidelines indicate that injections are of questionable merit as such, the request is not medically necessary.