

<b>Case Number:</b>	CM15-0007389		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old female, who sustained an industrial injury on 6/17/2011. The diagnoses have included lumbar discopathy (pre-existing), right shoulder impingement syndrome and right ankle pain. Treatment has included pain medications and surgical intervention. According to the Primary Treating Physician's Progress Report from 12/9/2014, the injured worker complained of significant amounts of low back pain with radiation to the lower extremity with constant numbness and tingling. She also complained of pain in right shoulder, left leg, right knee and right ankle. Current medications included Fentanyl, Norco, Xanax, Ambien, Lyrica and Cymbalta. Physical exam revealed a slow, antalgic gait. There was tenderness, spasm and tightness over the paralumbar musculature. Authorization was requested for a dental consultation for dry mouth and ongoing dental issues, a consultation with the internist for ongoing stomach issues, and prescriptions for Xanax and Ambien. On 1/5/2015 Utilization Review (UR) non-certified a request for a Dental Consultation, noting that there were no specific complaints of dental issues to support this request. UR non-certified a request for an Internal Medicine Consultation, noting that the provider only noted that the injured worker had "stomach issues". UR modified a request for Xanax 1mg by mouth daily #30 with two (2) refills to Xanax 1mg #30 with no refills, noting that there was no documentation of anxiety disorder, sleep disorder or insomnia. UR modified a request for Ambien 10mg one by mouth at bedtime as needed with two (2) refills to Ambien 10mg #30 with no refills, noting that the injured worker had used this medication for longer that the recommended period. The MTUS, ACOEM Guidelines and ODG were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Dental Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The injured worker sustained a work related injury on 6/17/2011. The medical records provided indicate the diagnosis of lumbar discopathy (pre-existing), right shoulder impingement syndrome and right ankle pain. Treatment to date has included pain medications and surgical intervention. The medical records provided for review do not indicate a medical necessity for Dental Consultation. The listed diagnosis does not include dental injuries or diseases; besides, even if it include dental injuries or diseases, there was no indication it is related to the work injury. In a case like this, the MTUS recommends the provider play the role of the primary case manager. Therefore, considering there is no indication this is a work related injury, it should not be treated under workers compensation, rather refer the injured worker to the primary doctor under her personal health care insurance.

### **Internal Medicine Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 6/17/2011. The medical records provided indicate the diagnosis of lumbar discopathy (pre-existing), right shoulder impingement syndrome and right ankle pain. Treatment has included pain medications and surgical intervention. The medical records provided for review do not indicate a medical necessity for Internal Medicine Consultation. The history and physical examination are not detailed enough enable one make a diagnosis of the possible problem for which an internal medicine consultation is necessary. The MTUS recommends thorough history and physical examination as important tools in clinical assessment and treatment planning.

### **Xanax 1mg one PO QD #30, with 2 refills: 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) Pain Chapter, Insomnia Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The injured worker sustained a work related injury on 6/17/2011. The medical records provided indicate the diagnosis of lumbar discopathy (pre-existing), right shoulder impingement syndrome and right ankle pain. Treatment has included pain medications and surgical intervention. The medical records provided for review do not indicate a medical necessity for Xanax 1mg one PO QD #30, with 2 refills. Xanax(alprazolam) is a fast acting benzodiazepine. Like all other Benzodiazepines, the MTUS recommends against using them beyond 4 weeks due to the increasing adverse effects

**Ambien 10mg PO QHS PRN with 2 refills:** 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) Pain Chapter, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** The injured worker sustained a work related injury on 6/17/2011. The medical records provided indicate the diagnosis of lumbar discopathy (pre-existing), right shoulder impingement syndrome and right ankle pain. Treatment has included pain medications and surgical intervention. The medical records provided for review do not indicate a medical necessity for Ambien 10mg PO QHS PRN with 2 refills. Ambien((zolpidem tartrate) is a nonbenzodiazepine hypnotic. The MTUS is silent on it, but the official Disability Guidelines recommends against using it for more than 7-10 days.