

Case Number:	CM15-0135280		
Date Assigned:	07/23/2015	Date of Injury:	04/09/2007
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on April 9, 2007. The injured worker was diagnosed as having lumbar radiculopathy, sacroiliac pain, chronic pain and lumbar disc replacement. Treatment to date has included transforaminal epidural steroid injection (TFESI), magnetic resonance imaging (MRI), electromyogram, lab work, medication and surgery. A progress note dated June 5, 2015 provides the injured worker complains of neck pain radiating down the upper extremities and low back pain radiating down the lower extremities. He reports bilateral shoulder pain, right knee, left sacrum and bilateral lag pain. He has sleep disturbance due to pain. His pain is rated 7/10 with medication and 10/10 without medication and unchanged from previous visit. Physical exam notes a slow antalgic gait and moderate distress. There is lumbar and sacroiliac joint tenderness on palpation with painful decreased range of motion (ROM). There is tenderness of the right knee. Prior electromyogram, lab work and magnetic resonance imaging (MRI) studies were reviewed. The plan includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg q HS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section - Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Sleep Medications.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is a lack of discussion indicating what behavioral treatments have been attempted for the condition of insomnia, and response to non-pharmacologic measures. There is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Naproxen 550mg BID #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, a progress note on 6/5/2015 indicate that the medications the patient is currently taking is improving her pain and helping with activities of daily living. As such, the currently requested Naproxen is appropriate and medically necessary.