

<b>Case Number:</b>	CM15-0135281		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 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 applicant is a represented 63-year-old who has filed a claim for chronic low back, hip, and ankle pain reportedly associated with an industrial injury of April 11, 2003. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for ankle MRI imaging, a bone growth stimulator, Norco, and Ambien. Wellbutrin and a pain management consultation, conversely, were approved. A June 16, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was on Norco, Ambien, Wellbutrin, and Lidoderm, it was reported. The applicant was given diagnosis of pseudoarthrosis of the lumbar spine status post multiple prior lumbar spine surgeries. The applicant also had issues with ankle pain reportedly attributed to an ankle sprain injury. Ancillary complaints of depression and anxiety were reported. The applicant was given refills of Norco, Ambien, and Lidoderm. Physical therapy was sought. On May 26, 2015, the applicant reported ongoing complaints of back and leg pain, 8/10. The applicant was on Lidoderm patches, it was reported. The applicant had a pending pain management consultation. The applicant was trying to do walking and exercises around his home, it was reported. Somewhat diminished lower extremity motor function was reported. The attending provider stated that CT imaging of the lumbar spine dated May 27, 2015 showed good fusion in progress with bridging bone at L2-L3 with resolution of previously demonstrated pseudoarthrosis. The applicant had undergone an earlier L2-L3 exploration procedure to ameliorate previously described pseudoarthrosis, it was reported. The applicant had also

undergone a multilevel L4 through S1 fusion surgery through a previous provider. The applicant was asked to continue physical therapy. The applicant's work status was not detailed. There was no mention of the need for MRI imaging of the ankle made on this date. On June 16, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was apparently in the process of applying for Social Security Disability Insurance (SSDI) as well as filing for disability through his employer, it was reported. The applicant had exhibited difficulty walking on his right heel, it was reported. The applicant was asked to obtain MRI imaging of the ankle to work up a recent ankle sprain injury, it was reported. The applicant had ongoing issues with fatigue, depression, and anxiety, it was further noted. Norco and Ambien were endorsed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working.

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

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

**MRI of the left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Indications for imaging-MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

**Decision rationale:** No, the request for MRI imaging of the ankle was not medically necessary, medically appropriate, or indicated here. The stated diagnosis here was that of ankle sprain. The attending provider contended on June 16, 2015 that the applicant recently slipped and sprained his ankle. However, the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 scores MRI imaging a 0/4 in its ability to identify and define a suspected ankle sprain, as was seemingly present here. The attending provider did not clearly state why MRI imaging was sought for a diagnosis for which it scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375. Therefore, the request was not medically necessary.

**Bone growth stimulator:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

**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 Problems, Bone growth stimulators (BGS).

**Decision rationale:** Conversely, the request for a bone growth stimulator was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic.

However, ODG's Low Back Chapter Bone Growth Stimulators topic notes that one of the criteria for pursuit of a bone growth stimulator is evidence that an applicant had undergone one or more prior failed lumbar fusion surgeries. Here, the attending provider did report on multiple office visits, referenced above, the applicant had in fact undergone a prior failed lumbar fusion surgery with previous development of pseudoarthrosis. Provision of a bone growth stimulator was, thus, indicated to diminish the likelihood of any recurrence of pseudoarthrosis. Therefore, the request was medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working, it was suggested on June 16, 2015. It was suggested that the applicant was in the process of applying for various forms of disability on that date. The attending provider failed to outline quantifiable decrements in pain and/or meaningful, material improvements in function (if any) effected as a result of Norco usage. Therefore, the request was not medically necessary.

**Ambien 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, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien), Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

**Decision rationale:** Finally, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Indications and Usage: Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. ODG's Mental Illness and Stress

Chapter Zolpidem topic also notes that zolpidem or Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the 30-tablet renewal supply of Ambien at issue represented chronic, long-term, and scheduled use of the same. The attending provider failed to furnish a clear or compelling rationale for continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.