

Case Number:	CM15-0137104		
Date Assigned:	07/27/2015	Date of Injury:	09/15/2010
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/15/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 9/15/2010. The mechanism of injury is injury from slipping on water and falling. The current diagnoses are cervical pain, degenerative disc disease, myofascial pain, back pain, lumbar degenerative disc disease, low back pain, arthritis of the back, and depression. According to the progress report dated 6/30/2015, the injured worker complains of neck and back pain. The pain is rated 10/10 on a subjective pain scale. In addition, she notes that her "sleep is horrible". The physical examination of the lumbar spine reveals pain/tenderness bilaterally with restricted and painful range of motion. Examination of the cervical spine reveals tenderness over the cervical muscles with spasm. There is restricted and painful range of motion. The current medications are Adderall, Ambien, Mag-ox, Neurontin, Nucynta, Celecoxib, Ibuprofen, and Methadone. There is documentation of ongoing treatment with Ambien since at least 12/29/2014. Treatment to date has included medication management, MRI studies, physical therapy, chiropractic, H-wave/tens unit (helps a lot, greater than 60% improvement in pain and function), and Botox injection. Work status is described as medically retired. She was approved for work disability retirement by the state. A request for Ambien and H-wave unit has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Zolpidem.

Decision rationale: According to the ODG zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic which is recommended for short-term treatment of insomnia. It is approved for short-term (usually two to six weeks) treatment of insomnia. There is concern that pain relievers such as zolpidem may increase pain and depression overtime. This worker has been on this medication for at least several months which far exceeds the short-term recommendation. Furthermore, the worker states her sleep is horrible, having been on the medication for several months. There is no evidence that Ambien is of benefit to her. Therefore, the request is not medically necessary.

H-Wave unit (indefinite): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

Decision rationale: Regarding H-wave therapy, the MTUS state: "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The medical record does not indicate this worker has diabetic neuropathic pain or inflamed soft tissue. There was a general statement in the medical record that the H-wave unit has provided greater than 60% improvement in pain and function but this was not objectively quantified and there was no discussion of what function had improved. Therefore, it cannot be ascertained that there has been a significant response to H-wave therapy. The request is not medically necessary.