

Case Number:	CM15-0143876		
Date Assigned:	08/04/2015	Date of Injury:	03/02/2009
Decision Date:	09/03/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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 was a 50 year old male, who sustained an industrial injury, March 2, 2009. The injured worker previously received the following treatments Ambien, Norco, Ondansetron, Tizanidine, Tramadol, Senokot-S, transforaminal epidural injection at bilateral L3-L5 with relief of 50-80% overall pain improvement and functional improvement and cervical spine MRI. The injured worker was diagnosed with cervical radiculopathy, lumbar facet arthropathy, GERD (gastroesophageal reflux disease), obstructive sleep apnea, chronic pain, anxiety, depression, chronic nausea and vomiting and chronic teeth grinding. According to progress note of June 9, 2015, the injured worker's chief complaint was neck pain with radiation to the bilateral upper extremities. There were complaints of frequent muscle spasms in the neck area. The lumbar spine pain had radiation into the bilateral lower extremities. The injured worker rated the pain at 8 out of 10 on average. The pain without pain mediation was 10 out of 10. The injured worker reported ongoing activity of daily living limitations due to pain with hygiene, activity, ambulation, hand function, sleep and interference with activities of daily living due to pain. The injured worker rated the interference of activities of daily living at 7 out of 10. The physical exam noted tenderness at cervical spine C5-C7. The range of motion of the cervical spine was moderately limited due to pain. The pain was significantly increased with flexion, extension and rotation. The sensory examination showed decreased tough sensation in the bilateral upper extremities and the affected dermatomes were C5-C6. The treatment plan included request for a bilateral C5-C6 epidural injection under fluoroscopy and a prescription for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-6 epidural under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current physical exam and imaging and/or electrodiagnostic studies corroborating radiculopathy at C5-6. In the absence of such documentation, the currently requested epidural steroid injection is 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 (ODG), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sleep Medication, Insomnia treatment.

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. They go on to 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 no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, 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.