

Case Number:	CM15-0169018		
Date Assigned:	09/09/2015	Date of Injury:	10/29/2011
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45-year-old female, who sustained an industrial injury on October 29, 2011. She reported back and left pain due to cumulative trauma. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, postlaminectomy syndrome, pain psychogenic not elsewhere classified, and pain in joint, lower leg. Medical records (April 17, 2015 to July 29, 2015) indicate ongoing low back and left knee pain. The injured worker reported ongoing right knee pain due compensating for her left knee pain, which was worse since her left knee surgery on June 5, 2015. She is using crutches and a left knee brace. Per the treating physician (June 11, 2015 report), the injured worker is Precluded from her usual and customary work. The physical exam (April 17, 2015 to July 29, 2015) reveals an antalgic gait, tenderness to palpation of the bilateral knees, and 4 out of 5 right lower extremity flexion and extension musculoskeletal strength. On September 2, 2014, x-rays of the right knee revealed a small joint effusion and minimal tibial ossific spurring and lateral tibial spine ossific spurring. Surgeries to date have included a left knee arthroscopic chondroplasty and removal of loose bodies, a left knee arthroscopic chondroplasty and medial patellofemoral ligament reconstruction with allograft on June 5, 2015, and a left L5-S1 (lumbar 5-sacral 1) laminectomy and microdiscectomy in 2011. Treatment has included at least 2 sessions of postoperative physical therapy for the left knee, a soft knee brace, a hinged knee brace, crutches, weight bearing as tolerated, a knee immobilizer, at least 2 sessions of acupuncture for the low back, massage, left knee physical therapy and home exercise program, bilateral knee steroid injections, aquatic therapy for the low back, lumbar transforaminal epidural steroid injection, activity modifications, and medications including oral and topical pain, proton pump inhibitor, muscle relaxant (Cyclobenzaprine as needed since at least April 2014), sleep (Ambien as needed since at

least June 2015), anti-epilepsy, and non-steroidal anti-inflammatory. The requested treatments included Ambien 5mg, Cyclobenzaprine 7.5mg, and 6 sessions of physical therapy for the right knee. On August 7, 2015, the original utilization review non-certified requests for Ambien 5mg quantity 15, Cyclobenzaprine 7.5mg quantity 90, and 6 sessions of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg quantity 15: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Zolpidem (Ambien).

Decision rationale: Ambien 5mg quantity 15 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. The documentation does not indicate extenuating circumstances that necessitate continued use of this medication. This medication has been prescribed as needed since at least June of 2015. There is no evidence that the patient is using this medication on a short-term basis. The request for Ambien is not medically necessary.

Cyclobenzaprine 7.5mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine 7.5mg quantity 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine on an as needed basis since at least April of 2014. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication. The request for Cyclobenzaprine is not medically necessary.

Physical therapy for the right knee, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy for the right knee, 6 sessions is not medically necessary per the MTUS Guidelines. The MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The documentation does not reveal recent right knee physical exam findings with deficits requiring 6 physical therapy sessions therefore this request is not medically necessary.