

Case Number:	CM15-0169094		
Date Assigned:	09/09/2015	Date of Injury:	09/27/2009
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56-year-old male, who sustained an industrial injury on 9-27-09. The injured worker has complaints of constant aching and sharp neck and left shoulder and hand pain accompanied by neck spasms, shoulder and hand weakness and left index finger numbness and tingling. The injured worker has low back pain, buttocks, and posterior thigh pain accompanied by low back weakness, spasms, numbness, cramping and bilateral thigh weakness. Neck examination revealed mild tenderness on palpation and lumbar spine examination revealed mild tenderness on palpation. The documentation noted that the injured worker has experienced difficulty with completing activities of daily living experiencing weakness, pain with flexion and rotation and specifically having trouble with coordinating, hand writing, texting, dropping items, buttoning his shirt, getting out of a chair, picking up coins, buttock pain, going down stairs and sleeping for only four hours per night. The diagnoses have included lumbar herniated nucleus pulposus (HNP), pain, radiculopathy, sprain and sciatica and cervical pain, radiculopathy, sprain and strain. Electromyogram of the bilateral upper extremity on 1-29-15 showed chronic bilateral C5 radiculopathy and possibly active right C7-8 radiculopathy versus carpal tunnel or other entrapment neuropathy. Magnetic resonance imaging (MRI) of the cervical spine on 10-1-14 showed disc prosthesis at C4-C5 and C5-C6 levels with prominent surrounding susceptibility artifact is noted obscuring evaluation of the canal and foramina at these levels, otherwise remainder of the cervical spine shows mild multilevel degenerative disc changes with mild central Dural compression at C3-C4, C6-C7 and C7-T1 level. Computerized tomography (CT) scan of the cervical spine on 10-1-14 showed intervertebral prosthesis is seen at C4-C6 levels with surrounding artifact, multilevel degenerative disc changes are identified with mild central Dural compression and there is moderate multilevel foraminal narrowing at left C3-4, bilateral at

C5-C6 and at left C6-C7 levels. Magnetic resonance imaging (MRI) of the lumbar spine on 10-1-14 showed multilevel degenerative disc changes are identified with L3-L4 level revealing mild to moderate lateral recess stenosis, L4-L5 with mild lateral recess stenosis and L5-S1 (sacroiliac) with mild right and mild moderate left lateral recess stenosis. Treatment to date has included Motrin; Gabapentin; Flexeril; lumbar steroid injection, which provided some pain relief; Celebrex; Medrol dose pack; soma; attended twelve sessions of chiropractic therapy which had significantly helped relief of his pain although short-lasting. The original utilization review (8-24-15) partially approved a request for 6 chiropractic treatments to lumbar spine between 7-20-15 and 11-16-15 (original request for #8). The request was for Ambien 10mg (unspecified quantity) between 7-20-15 and 11-16-15 has been non-certified. The request for Duexis 800mg #120 between 7-20-15 and 11-16-15 has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed documentation indicated the worker was experiencing neck pain with spasms, shoulder pain with weakness, hand pain, left finger #2 numbness and tingling, lower back pain with weakness and spasms, and leg pain with thigh weakness. There was no discussion detailing functional issues, the goals of this therapy, why this type of treatment was likely to be of benefit, or suggesting why additional sessions than are generally supported by the Guidelines were needed. In the absence of such evidence, the current request for eight sessions of chiropractic treatment for lumbar spine region is not medically necessary.

Ambien 10mg (unspecified quantity): 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), Pain chapter - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 09/16/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 40.0. UpToDate. Accessed 09/18/2015.

Decision rationale: Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or detailed description of benefit with the use of this medication. Further, the request was for an indefinite supply of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Ambien (zolpidem) 10mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker. This request is not medically necessary.