

Case Number:	CM15-0182621		
Date Assigned:	09/23/2015	Date of Injury:	03/14/2014
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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:

This 67 year old man sustained an industrial injury on 3-4-2014. Evaluations include undated bilateral knee x-rays, and left shoulder x-rays which show no changes. Diagnoses include meniscus tear, knee pain, disorders of bursae and tendons in the shoulder region, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment has included oral medications and physical therapy. Physician notes dated 7-24-2015 show complaints of bilateral knee pain with the right pain both above and below the patella, neck pain with radiation to the left shoulder. The worker rates his pain off the chart as the most severe pain imaginable and characteristically rated a 4. The worker is unable to squat or bend either knee. The physical examination shows further complaints of bilateral shoulder pain with muscle stiffness that make sleep uncomfortable and reports of knee improvement with physical therapy. Recommendations include physical therapy, Voltaren, Norco, Ambien, heat compression, and follow up in six weeks. Utilization Review denied a request for Ambien and physical therapy. Ambien was denied as there is no documentation detailing the duration and frequency of sleep disturbance, results of the sleep behavior modification attempts, or failed trials of other treatments. Physical therapy was denied as the date of surgery is not documented and the amount of therapy sessions already received is not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg QTY 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, Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. For example, the dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, the injured worker complains of feeling "groggy" the morning after the use of Ambien. The request for Ambien 10 mg QTY 30 is determined to not be medically necessary.

Additional physical therapy, left knee QTY 12: 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): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker had participated in an unknown amount of physical therapy for the knee with stated benefit. However, he still complains of significant pain and decrease in function. The efficacy of the completed therapy to date is questionable. Additionally, this request for 12 physical therapy sessions exceeds the recommendations of the established guidelines. The request for additional physical therapy, left knee QTY 12 is determined to not be medically necessary.