

Case Number:	CM15-0182841		
Date Assigned:	09/23/2015	Date of Injury:	01/23/2015
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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

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 44 year old female who sustained an industrial injury on 1-23-15. The diagnosis is noted as lumbar sprain-strain. Previous treatment includes medication, physical therapy, and 1 epidural steroid injection 6-2015. In an initial orthopedic evaluation dated 7-27-15, the physician reports complaint of pain rated at worst as 8 out of 10. It is noted any movement of the trunk causes pain and no position is comfortable. She complains that pain wakes her up at nighttime. The impression is noted as "lumbar spondylosis at L3-L4, L4-L5 and L5-S1 with 5mm degenerative herniated disc at L5-S1 with narrowing of of neural foramina bilaterally per the MRI dated 3-6-15." The plan is for electromyography and electrodiagnostic study of the lower limb and a full series of x-rays of the lumbar spine. It is noted that she has not worked since 1-24-15. In a progress report dated 8-6-15, the treating physician notes complaints of constant severe dull, sharp, stabbing, throbbing, burning low back pain, stiffness, heaviness, numbness, tingling, weakness and cramping. Also noted is sleep disturbance and depression-anxiety. On 8-6-15, objective findings of the lumbar spine are a negative straight leg raise, tenderness and decreased range of motion. Deep tendon reflexes are 2 out of 4 for both lower and upper extremities. A urine sample for drug screening was collected 7-2-15. The treatment plan is Alprazolam, Tylenol, and Ambien. The requested treatment of Tylenol 500mg #60 and Ambien 10mg #30 was denied on 8-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and for low back pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure especially in a patient with multiple chronic co-morbid disorder. For treatment failure with Acetaminophen, a Non-steroidal anti-inflammatory drug may be warranted. This patient has been prescribed an Acetaminophen for quite some time for this chronic January 2015 injury without documented functional benefit, acute exacerbation, or new injury. The Tylenol 500mg #60 is not medically necessary and appropriate.

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), Pain (Chronic) - 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 (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10mg #30 is not medically necessary and appropriate.

