

<b>Case Number:</b>	CM15-0187076		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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:

The injured worker is a 44 year old female, who sustained an industrial injury on 12-9-13. The injured worker was diagnosed as having lumbar sprain with right lower extremity radiculitis, bilateral knee internal derangement, right ankle ligamentous injury, status post left knee reconstruction and status post right knee arthroscopy. The physical exam (12-17-14 through 1-21-15) revealed tenderness over the right talofibular ligament, a positive McMurray's sign on the right knee and tenderness over the posterior superior iliac spines bilaterally. Treatment to date has included a left knee MRI on 12-15-14, physical therapy x 6 sessions since at least 11-3-14 and a right ankle steroid injection with 50% relief (date of service not documented). Current medications include Tramadol, Zolpidem (since at least 1-21-15), Ibuprofen and Omeprazole. As of the PR2 dated 7-23-15, the injured worker reports pain in her lower back, bilateral knees and right ankle. She is not working and not attending therapy. Objective findings include tenderness over the right talofibular ligament. There is no documentation of the injured worker's height and weight or BMI and no documentation of the current pain level or pain level with and without medications. The treating physician requested Zolpidem 10mg #90 x 1 refill, Ibuprofen 800mg #270 x 1 refill, Omeprazole 20mg #90 x 1 refill, an EMG-NCS of the bilateral lower extremities, a weight loss program for weight loss of approximately 35lbs, a lumbar crisscross support, physical therapy 2 x weekly for 4 weeks and Ketorolac 60mg with lidocaine 1ml IM. On 9-1-15 the treating physician requested a Utilization Review for Zolpidem 10mg #90 x 1 refill, Ibuprofen 800mg #270 x 1 refill, Omeprazole 20mg #90 x 1 refill, an EMG-NCS of the bilateral lower extremities, a weight loss program for weight loss of approximately 35lbs, a lumbar crisscross support, physical therapy 2 x weekly for 4 weeks and Ketorolac 60mg with lidocaine 1ml IM. The Utilization Review dated 9-9-15, non-certified the request for Zolpidem

10mg #90 x 1 refill, Ibuprofen 800mg #270 x 1 refill, Omeprazole 20mg #90 x 1 refill, an EMG-NCS of the bilateral lower extremities, a weight loss program for weight loss of approximately 35lbs, a lumbar crisscross support, physical therapy 2 x weekly for 4 weeks and Ketorolac 60mg with lidocaine 1ml IM.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zolpidem 10mg; one HS, #90 with 1 refill: 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 (Chronic), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Zolpidem 10mg; one HS, #90 with 1 refill is not medically necessary.

**Ibuprofen 800mg; one TID, #270 with 1 refill: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Ibuprofen 800mg; one TID, #270 with 1 refill is not medically necessary.

**Omeprazole 20mg; one QD, #90 with 1 refill: 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg; one QD, #90 with 1 refill is not medically necessary.

**EMG/NCS bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography); NCS (nerve conduction studies).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. EMG/NCS bilateral lower extremities is not medically necessary.

**Weight loss program for weight loss of approximately 35 pounds:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed: 03/21/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications, and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. Weight Loss Program is not medically necessary. Weight loss program for weight loss of approximately 35 pounds.

**Lumbar criss-cross support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Activity.

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Lumbar criss-cross support is not medically necessary.

**Physical therapy; two per week for four weeks 2x4:** 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 Chronic Pain Medical Treatment Guidelines state 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy; two per week for four weeks 2x4 is not medically necessary.

**Ketorolac 60mg with lidocaine 1ml IM:** 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, ketorolac (Toradol).

**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), Injection with anesthetics and/or steroids.

**Decision rationale:** According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. There is no documentation of the above criteria. Ketorolac 60mg with lidocaine 1ml IM is not medically necessary.