MAXIMUS Federal Services

Case Number:	CM15-0205198		
Date Assigned:	10/22/2015	Date of Injury:	10/18/2001
Decision Date:	12/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 54-year-old male with a date of industrial injury 10-18-2001. The medical records indicated the injured worker (IW) was treated for lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; cervical disc displacement without myelopathy; and brachial neuritis or radiculitis not otherwise specified. In the progress notes (9-1-15), the IW reported neck and lower back pain rated 7 out of 10, which radiated to the upper and middle back, down the legs and to the feet. He reported his medications were helping without side effects other than constipation, for which he took Metamucil. He reported his level of sleep was the same, with poor quality; he was getting 3 hours of uninterrupted sleep per night. His medications included Naproxen, gabapentin, Percocet, Prozac and Temazepam. On his 6-29-15 visit, he reported difficulty falling asleep and staying asleep and feeling fatigued during the day. On examination (9-1-15 notes), he appeared depressed. Cervical and lumbar ranges of motion were restricted due to pain. There was tenderness to spinous processes in the cervical and lumbar spine and over the sacroiliac spine. Motor testing was limited by pain; hip and knee flexors and extensors were 4 out of 5 and 3 out of 5 on the right and 5 out of 5 on the left. Sensation to light touch was decreased in the right L4 through S1 dermatomes. Treatments included physical therapy (six sessions with benefit) and acupuncture (six sessions with temporary benefit). The IW requested an extension of physical therapy for the lumbar spine. He reported increased activity and involvement with family life and activities with less discomfort since physical therapy. Ambien was added on 9-1-15 for sleep. The records reviewed did not include any discussion about sleep hygiene. A Request for Authorization was received for six

physical therapy visits and Ambien 5mg #30. The Utilization Review on 9-16-15 non-certified the request for six physical therapy visits and modified the request for Ambien 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: Based on the 9/1/15 progress report provided by the treating physician, this patient presents with neck pain and low back pain radiating to the upper/middle back, as well as bilateral hips, thigh, knees, legs, calves, ankles, and feet, with pain rated 7/10. The treater has asked for PHYSICAL THERAPY, 6 VISITS on 9/1/15. The patient's diagnoses per request for authorization dated 9/8/15 are lumbar/lumbosacral DD, L-radiculopathy, cervical DD w/out myelopathy, C-radiculopathy. The patient is s/p a course of physical therapy and acupuncture with unspecified benefit per 9/1/15 report. The patient states that acupuncture is helpful and has helped pain by 30-40% per 8/3/15 report. The patient is currently temporarily totally disabled per 9/1/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient had great relief for 1.5 days after 5 physical therapy sessions but then the pain returned per 8/3/15 report. The patient has finished a course of 6 physical therapy sessions for the low back and shoulder as of requesting 9/1/15 report. MTUS only allows for 8-10 sessions in non-operative cases, and in addition to 6 prior sessions, the current request for 6 additional sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.

Ambien 5mg, #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, 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) Chapter under Zolpidem.

Decision rationale: Based on the 9/1/15 progress report provided by the treating physician, this patient presents with neck pain and low back pain radiating to the upper/middle back, as well as bilateral hips, thigh, knees, legs, calves, ankles, and feet, with pain rated 7/10. The treater has

asked for AMBIEN 5MG, #30 on 9/1/15. The request for authorization was not included in provided reports. The patient is s/p a course of physical therapy and acupuncture with unspecified benefit per 9/1/15 report. The patient states that acupuncture is helpful and has helped pain by 30-40% per 8/3/15 report. The patient is currently temporarily totally disabled per 9/1/15 report. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. 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. 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. (Feinberg, 2008)" The patient does not have a history of prior use of Ambien per review of reports. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. Utilization review letter dated 9/16/15 modifies request from #30 to #10 as patient has a history of sleep disturbance issues and as Ambien is recommended for short term use. In this case, the request for Ambien #30 does not indicate intended short-term use, and exceeds ODG indications. Therefore, the request IS NOT medically necessary.