

Case Number:	CM15-0208878		
Date Assigned:	10/27/2015	Date of Injury:	06/19/2014
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 29 year old male injured worker suffered an industrial injury on 6-19-2014. The diagnoses included lumbar musculoligamentous sprain-strain, right hand strain-sprain, and narrowing of the lumbosacral interspace. On 8-20-2015 the provider reported he was attending physical therapy. The injured worker noted difficulty sleeping with constant tossing and turning with maximum hours of sleep do not exceed 4to 5 hours. On exam there was tenderness of the lumbosacral spine with positive straight leg raise. The medical record did not include physical therapy progress notes or the quantity of session attended. There was no evidence of benefit of Ambien in facilitating improved sleep or a diagnosis of insomnia. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Request for Authorization date was 9-9-2015. Utilization Review on 10-13-2015 determined modification for Norco 10-325mg 1 po q6-8 hours prn #60 to #54, Ambien 10mg 1 po qhs #30 to #27, and non-certification for Physical therapy for the lumbar spine 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sprain strain right hand; narrowing of the L5 - S1 interspace; and musculoligamentous sprain strain lumbar spine. Date of injury is June 19, 2014. Request for authorization is September 9, 2015. According to a December 4, 2014 progress note, the treating provider prescribed Ambien at that time. The start date is not specified according to a September 11, 2014 progress note, the treating provider prescribed Norco. Subsequent documentation through August 2015 shows the treating provider alternated Norco with tramadol. According to an August 20, 2015 progress note, the injured worker received physical therapy three times a week with short-term improvement. Symptoms returned the following day. The location for physical therapy is not documented. There are no physical therapy notes involving a lumbar spine. Objectively, there is tenderness to palpation at the L5 - S1 region. Range of motion is decreased. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy lumbar spine three times per week times four weeks is not medically necessary.

Norco 10-325mg 1 po q6-8 hours prn #60: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg one PO Q6 - 8 hours PRN, #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment

should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are sprain strain right hand; narrowing of the L5 - S1 interspace; and musculoligamentous sprain strain lumbar spine. Date of injury is June 19, 2014. Request for authorization is September 9, 2015. According to a December 4, 2014 progress note, the treating provider prescribed Ambien at that time. The start date is not specified according to a September 11, 2014 progress note, the treating provider prescribed Norco. Subsequent documentation through August 2015 shows the treating provider alternated Norco with tramadol. According to an August 20, 2015 progress note, the injured worker received physical therapy three times a week with short-term improvement. Symptoms returned the following day. The location for physical therapy is not documented. There are no physical therapy notes involving a lumbar spine. Objectively, there is tenderness to palpation at the L5 - S1 region. Range of motion is decreased. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation showing an attempt to wean Norco from September 2014 through the August 20, 2015 progress note. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempt at weaning, Norco 10/325mg one PO Q6 - 8 hours PRN, #60 is not medically necessary.

Ambien 10mg 1 po qhs #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, 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 section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg one PO Q HS #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, of the L5 - S1 interspace; and musculoligamentous sprain strain lumbar spine. Date of injury is June 19, 2014. Request for authorization is September 9, 2015. According to a December 4, 2014 progress note, the treating provider prescribed Ambien at that time. The start date is not specified according to a September 11, 2014 progress note, the treating provider prescribed Norco. Subsequent documentation

through August 2015 shows the treating provider alternated Norco with tramadol. According to an August 20, 2015 progress note, the injured worker received physical therapy three times a week with short-term improvement. Symptoms returned the following day. The location for physical therapy is not documented. There are no physical therapy notes involving a lumbar spine. Objectively, there is tenderness to palpation at the L5 - S1 region. Range of motion is decreased. There is a clinical entry in the progress note indicating maximum sleep does not exceed four - five hours. There is no documentation demonstrating objective functional improvement to support ongoing Ambien. There were no subjective complaints of insomnia. There were no diagnoses indicating insomnia. There was no attempt at weaning through August 20, 2015. Ambien is indicated for short-term (7-10 days) treatment of insomnia. The treating provider exceeded the recommended guidelines by continuing Ambien, at a minimum, in excess of eight months. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of eight months with guideline recommendations 7-10 days and no documentation demonstrating objective functional improvement, Ambien 10 mg one PO Q HS #30 is not medically necessary.