

Case Number:	CM15-0023782		
Date Assigned:	02/13/2015	Date of Injury:	02/28/2011
Decision Date:	04/02/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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 52 year old female, who sustained an industrial injury on 2/28/11. She has reported low back injury. The diagnoses have included status post laminectomy and discectomy with instrumentation, grade I degenerative spondylolisthesis, transitional lumbar vertebra, lumbar facet arthropathy and stenosis, lumbar herniated nucleus pulposus, sacroiliac joint disease and lumbar radiculopathy. Treatment to date has included laminectomy and discectomy on 2/11/14, physical therapy, home exercise program and oral medications. Currently, the injured worker complains of pain in right sacroiliac joint and right hip with difficulties performing activities of daily living. On physical exam dated 12/18/14 she stated her pain was worse than previous visit, she continues to take prescribed medications without relief. Spasms are noted throughout the lumbar area with tenderness to palpation over the right sacroiliac joint. On 1/6/15 Utilization Review non-certified Motrin 800mg 2 tablets daily #60, noting NSAIDS are recommended as an option for short term symptomatic relief and indicated for acute mild to moderate pain, she has used them long term; and Zolpidem 10mg 1 tablet at bedtime #30. The MTUS, ACOEM Guidelines and ODG were cited. On 2/6/15, the injured worker submitted an application for IMR for review of Motrin 800mg 2 tablets daily #60 and Zolpidem 10mg 1 tablet at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 67-73.

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. Motrin 800mg #60 is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 70, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 #30 is not medically necessary.