

Case Number:	CM15-0216923		
Date Assigned:	11/06/2015	Date of Injury:	09/10/2011
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on 9-10-2011. A review of medical records indicates the injured worker is being treated for post laminectomy pain syndrome, lumbar, lumbar spinal stenosis, and lumbar radiculopathy. Medical records dated 10- 13-2015 noted low back pain that radiates down both legs. Pain level without taking medication was 10 out of 10. Pain level with medication was rated 5-6 out of 10. He is taking Ambien for sleep and Zofran for nausea. Physical examination noted decreased range of motion to the lumbar spine. There was moderate to severe pain with lumbar extension and a positive straight leg raise right at 30-45 in L4 distribution. There was a positive straight leg raise at 30-45 degrees in the L4 distribution. X-ray of the lumbar spine revealed previous anterior and posterior fusion at L4 and L5. Treatment has included Ambien and Zofran since at least 5-18-2015. Utilization review form dated 10-22-2015 noncertified Ambien 10mg #30 and Zofran 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in September 2011 when he injured his low back while working as a diesel truck mechanic. He underwent an L4/5 fusion and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. He underwent a spinal cord stimulator trial in December 2014 with suboptimal pain relief. He completed 6 acupuncture treatments in June 2015. When seen in October 2015 he was having radiating low back pain. Medications were decreasing pain from 10/10 to 5-6/10. He was taking Ambien for sleep and Zofran for nausea. Physical examination findings included decreased and painful lumbar range of motion. There was positive straight leg raising bilaterally. He had a slow gait and was using a cane. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not medically necessary.

Zofran 4 MG #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).

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), Antiemetics (for opioid nausea).

Decision rationale: The claimant sustained a work injury in September 2011 when he injured his low back while working as a diesel truck mechanic. He underwent an L4/5 fusion and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. He underwent a spinal cord stimulator trial in December 2014 with suboptimal pain relief. He completed 6 acupuncture treatments in June 2015. When seen in October 2015 he was having radiating low back pain. Medications were decreasing pain from 10/10 to 5-6/10. He was taking Ambien for sleep and Zofran for nausea. Physical examination findings included decreased and painful lumbar range of motion. There was positive straight leg raising bilaterally. He had a slow gait and was using a cane. In terms of Zofran (ondansetron), it is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and for postoperative use and in the acute treatment of gastroenteritis. Ongoing prescribing without further assessment of the claimant's symptoms is not medically necessary.