

Case Number:	CM15-0087092		
Date Assigned:	05/11/2015	Date of Injury:	02/17/2000
Decision Date:	07/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/06/2015

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 64 year old male, who sustained an industrial injury on 02/17/2000. He reported a recent fall, but the documentation did not indicate the injured worker's original mechanism of injury. The injured worker was diagnosed as having left knee inversion injury, endocarditis, status post spinal fusion with fractured hardware, degenerative disc disease, and sacro-iliitis. Treatment and diagnostic studies to date has included medication regimen, epidural steroid injection, and above listed procedure. In a progress note dated 02/07/2015 the treating physician reports complaints of acute, sharp, constant pain to the left knee and the right chest wall along with weekly headaches. The pain to the left knee is rated a six out of ten. The injured worker's current medication regimen includes Atenolol, Norvasc, Coumadin, Norco, Oxycontin, Oxycodone, Ambien, Xanax, Soma, and Levitra. The documentation also notes that the injured worker has a decrease in his sleep pattern, but the progress note did not indicate the effects of Ambien with the injured worker's sleep pattern. The progress note also indicated an overall relief of pain by 50% with medication regimen, but notes that it only takes the edge off of the pain to the left knee with a 25% relief in the left knee pain. The progress note also reports an increase in pain with activities of daily living, certain movements, and difficulty with walking. The treating physician requested the medications of Ambien 10m with quantity of 40 with 4 refills, Soma 350mg with a quantity of 90 with 4 refills, and Xanax 1mg with a quantity of 90 with 4 refills, but the documentation provided did not indicate the specific reason for these requested medications. The treating physician also requested a follow up for a sacrolumbar

injection with fusion noting a partial response to epidural steroid injection and to review the back pain, fractured instrumentation, and a need for revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ambien 10mg #40 with 4 refills: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Ambien is being used chronically which is not consistent with guidelines. A previous review recommended weaning of the medication. The request for 1 Prescription of Ambien 10mg #40 with 4 refills is determined to not be medically necessary.

1 Prescription of Soma 350mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Section Weaning of Medications Section page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. The injured worker has been taking Soma chronically without objective functional gains or pain relief. This medication should be tapered, or side effects of withdrawal should be managed by other means.

The request for 1 Prescription of Soma 350mg #90 with 4 refills is determined to not be medically necessary.

1 Prescription of Xanax 1mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker has been taking Xanax in a chronic manner. The request for 1 prescription of Xanax 1mg #90 with 4 refills is determined to not be medically necessary.

1 follow up for SL injection with fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter/Sacroiliac Joint Blocks Section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings 2) diagnostic evaluation must first address any other possible pain generators 3) the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management 4) blocks are performed under fluoroscopy 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed 6) If steroids are injected during the initial injection the duration of pain relief should be at least 6 weeks with at least >70% pain relief recorded for this period 7) in the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks 8) the block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. There was no documentation of relief from the previous injection. The request for 1 follow up for SL injection with fusion is determined to not be medically necessary.