

<b>Case Number:</b>	CM14-0123662		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/18/2004
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51-year-old male who reported an injury on 12/18/2004 while doing his job as a fire fighter; he was helping a person out of an automobile. He slipped, and the shift in the weight injured his back. Diagnoses were sacroiliitis, post laminectomy syndrome, lumbar region, and lumbago. Past treatments were not reported. Diagnostic studies were not reported. Surgical history included multiple spine surgeries and a 2 level fusion at the lumbar spine. Physical examination on 07/01/2014 revealed that the injured worker was having an exacerbation of lumbar pain. It was reported that the injured worker had recently discontinued methadone. Examination revealed marked myofascial spasm of the quadratus lumborum, right greater than left. There was also some pain emanating down to the left leg. Sensation was intact, the left ankle jerk was trace to absent whereas it was a 2+ and equal at the knees and right ankle. Medications were Fentanyl, Ambien, Cymbalta, Omeprazole, Tizanidine, Lidoderm 5% patches, Zyrtec, and testosterone. Treatment plan was to reconult with the surgeon who did the injured worker's initial surgery. The rationale was, "I spent time again discussing with the patient that the nature of his chronic pain was to have various breakthroughs and that fundamentally, there was nothing wrong with the breakthrough medications, except for the opposing forces of tolerance and behavioral reaction to increases in pain. I believe we are at that point yet again, and I recognize the patient is not doing well." Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien Cr 12.5 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, Pain Chapter-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, Zolpidem.

**Decision rationale:** The decision for Ambien Cr 12.5 Mg #30 is not medically necessary. The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for short term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, the request is not medically necessary.

**Consult with [REDACTED] at [REDACTED] Re Ongoing Pain: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 92,127,305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 6, page 163.

**Decision rationale:** American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The included medical documentation has diagnoses for the injured worker with lumbar post laminectomy syndrome. The injured worker showed neurologic deficits on examination of left ankle jerk trace to absent whereas it was a 2+ and equal at the knees and right ankle. The injured worker had an emergency room visit in May 2014 where he reported the pain as "is back where I was postop day one." Therefore, the request is medically necessary.