

Case Number:	CM14-0142700		
Date Assigned:	09/10/2014	Date of Injury:	01/27/2012
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 01/27/2012 due to lifting a file box. While doing so, the injured worker felt pain in his low back and both wrists. The injured worker has diagnoses of acquired spondylolisthesis, lumbosacral spondylosis without myelopathy, and degeneration of lumbar or lumbosacral intervertebral disc. Past medical treatment consists of physical therapy, ESIs, hypnotherapy, and medication therapy. Medications include Ambien, Temazepam, and diclofenac. On 06/07/2012, the injured worker underwent an MRI of the lumbar spine that revealed L5 bilateral spondylosis and L2-3 far lateral focal disc protrusion. On 08/27/2014, the injured worker complained of right low back pain. The physical examination revealed that the injured worker had a pain rate of 4/10 with medication. It was noted that there was tenderness to palpation of the right lumbar spine region. Medical treatment plan was for the injured worker to continue use of medications and undergo an x-ray. The rationale and Request for Authorization Form were not submitted for review.

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 #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 (CHRONIC)

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

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term, usually 2 weeks to 6 weeks, treatment for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety 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 was also concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. According to the documentation dated 08/2014, it was indicated that the injured worker had been prescribed Ambien 10 mg, exceeding the recommended guidelines for short term use of 2 weeks to 6 weeks. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. Furthermore, there was no indication in the submitted documentation that the injured worker was undergoing any cognitive behavioral therapy. Given the above, the injured worker is not within the ODG criteria. As such, the request for Ambien is not medically necessary.

1 Prescription of Diclofenac Potassium 50mg #60Refill: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The documentation submitted in 08/2014 indicates that the injured worker had been on Diclofenac since at least this time, exceeding the recommended guidelines for short term therapy use. Additionally, the efficacy of the medication was not submitted for review warranting the continuation of the medication. Furthermore, the request as submitted is for Diclofenac 50 mg with a quantity of 60 with 3 refills, also exceeding the recommended guidelines for short term use. Given the above, the injured worker is not within the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary.

1 Complete X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in a patient's management. The request for 1 complete x-ray does not meet the MTUS Guideline criteria. There was no red flag condition documented or submitted in the report, and there was no rationale of how the results of an x-ray would be used to direct future care of the injured worker. Furthermore, the request as submitted did not indicate or specify what was to be x-rayed. Given the above, the request for 1 complete x-ray is not medically necessary.