MAXIMUS Federal Services

Case Number:	CM14-0144541		
Date Assigned:	09/12/2014	Date of Injury:	04/17/2003
Decision Date:	10/16/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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:

Progress report dated 08/18/2014 indicates the patient complained of constant neck, upper and low back pain. She reported her pain varies from 6-8/10. She has painful movement of bilaterally knees. She reported problems sleeping due to the pain and depression. She rated her depression as 6/10. Objective findings on exam revealed cervical spine range of motion was restricted in all planes and the lumbar spine range of motion was moderately restricted. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal muscles. Her sensation was decreased in the lateral anterior aspects of the left thigh as well as anterior aspects of the left thigh as well as in the bilateral calves. The patient is diagnosed with chronic myofascial pain syndrome, cervical and thoracolumbar spine, mild to moderate bilateral S1 radiculopathy and mild bilateral L5 radiculopathy. The patient was prescribed Ambien 10 mg, Flexeril 10 mg, Topamax100 mg, and Percocet 10/325 mg. Prior utilization review dated 08/29/2014 states the request for Ambien 10 mg #30 with 1 refill is modified to certify Ambien 10 mg at hour of sleep #15 with no refill; Ambien 10 mg #30 with 1 refill; Aquatic therapy 2 times a week for 6 weeks is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30 with 1 refill: Upheld

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

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

Decision rationale: CA MTUS is silent regarding the request. According to the ODG, Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, there is no clear documentation of sleep history and supporting documents indicated problems sleeping at the present time due to both pain and depression. Guidelines do not recommend long-term use of Ambien therefore, the request is not medically necessary

Aquatic therapy 2 times a week for 6 weeks: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS guideline support aquatic therapy for individuals who have medical issues that limit their ability to perform weight bearing exercise and for cases of extreme obesity. The supporting documentation provided does not indicated the need for reduced gravity environment for exercise or limiting factors preventing her from performing land-based therapy/exercise. The request is not medically necessary at this time.