

Case Number:	CM14-0168120		
Date Assigned:	10/15/2014	Date of Injury:	01/25/1993
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Injured worker is a female with date of injury 1/25/1993. Per pain management progress report dated 8/28/2014, the injured worker has ongoing low back pain, which is referred into her lower extremities. On examination there is tenderness to palpation over bilateral temporomandibular joints. Thoracolumbar spine range of motion is reduced in all planes. Straight leg raise test is positive at 40 degrees bilaterally. Motor examination of the lower extremities is 5/5 in all muscle groups except right anterior tibialis and EHL are 5-/5. Sensation was decreased in the right L4 and L5 dermatomal distribution to pinprick and light touch. She ambulates with a limp. There was tenderness to palpation over the lumbar paraspinal muscles at L4-L5 and L5-S1. She has all 18 tender points as established by the American College of Rheumatology as diagnostic criteria for fibromyalgia if present for more than six months and associated with decreased energy level and sleep deprivation. Diagnoses include 1) low back pain 2) lumbar degenerative disc disease 3) lumbar radiculopathy 4) status post lumbar spine fusion L4-L5 5) failed back surgery syndrome, lumbar 6) fibromyalgia 7) bilateral TMJ disorder 8) depression due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ambien 10mg #30 with 2 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 (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 dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The injured worker provided personal report of the benefit of immediate release Zolpidem. The injured worker has been treated chronically with Zolpidem, which is not supported by these guidelines. Medical necessity of this request has not been established within the recommendations of the ODG. The request for one prescription of Ambien 10mg #30 with 2 refills is determined to not be medically necessary.

One [REDACTED] king select comfort mattress: 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), 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), Low Back chapter, Mattress Selection

Decision rationale: The MTUS Guidelines do not address mattress selection. The ODG reports that studies do not provide evidence for mattress selection based on firmness as sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. Pressure ulcers from spinal cord injury may be treated by special support surfaces, including beds, mattresses and cushions, designed to redistribute pressure. The injured worker has low back pain, fibromyalgia, and bilateral temporomandibular joint disorder. She ambulates with a limp, and there is no evidence of spinal cord injury or paralysis. She has provided written testimony that this type of mattress allows her to have improved sleep. She has provided articles reporting the benefits of this type of mattress; however, they do not meet the hierarchy of evidence for this decision. The request for One [REDACTED] king select comfort mattress is determined to not be medically necessary.