

Case Number:	CM14-0172379		
Date Assigned:	10/23/2014	Date of Injury:	01/25/2001
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old with an injury date on 1/25/01. Patient complains of low lumbar pain that is worse with increased activity per 9/3/14 report. Patient also complains of pain over the underlying hardware, that is a sharp, pressure type sensation along the pathways of the lumbar hardware per 9/3/14 report. Based on the 9/3/14 progress report provided by [REDACTED] the diagnoses are: 1. Status post L3-4 decompression and fusion, 3/7/132. Status post anterior-posterior lumbar fusion, L4 to S1, 1/29/043. Status post removal of lumbar hardware Exam on 9/3/14 showed "L-spine range of motion restricted, painful. There is tenderness to palpation over underlying lumbar hardware." Patient's treatment history includes lumbar fusion surgery and medication. [REDACTED] is requesting Ambien 10mg #30 with 1 refill, Xanax 0.5mg #60 with 1 refill, and trigger point injection x 2 Depo-Medrol, Bupivacaine, and Lidocaine done in the office. The utilization review determination being challenged is dated 9/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/29/14 to 9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 1 refill: 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), Pain, and Ambien

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

Decision rationale: This patient presents with lower back pain. The provider has asked for Ambien 10mg #30 with 1 refill on 9/3/14. Patient has been taking Ambien since 4/23/14. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has been using Ambien for 4 months, but it is only indicated for short-term use by ODG guidelines (7-10 days). Therefore, this request is not medically necessary.

Xanax 0.5mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: This patient presents with lower back pain. The provider has asked for Xanax 0.5mg #60 with 1 refill on 9/3/14. Patient has been taking Xanax since 4/23/14. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has been taking Xanax for 4 months. MTUS only supports short-term use of benzodiazepines. Long-term use is not recommended for chronic pain. Therefore, this request is not medically necessary.

Trigger point injections x 2-depo medrol, bupivacaine and lidocaine done in the office:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-197, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with lower back pain. The provider has asked for trigger point injection x 2 Depo-Medrol, Bupivacaine, and Lidocaine done in the office on 9/3/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. In this case, patient has chronic low back pain, but there is no diagnosis of myofascial pain. MTUS also requires documentation of "circumscribed trigger

points with evidence upon palpation of a twitch response as well as referred pain." This is not documented on examination. Therefore, this request is not medically necessary.