

Case Number:	CM14-0183451		
Date Assigned:	11/10/2014	Date of Injury:	04/26/2004
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation, 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:

This 65 year-old patient sustained an injury on 4/26/2004 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 2 x 3 - 6 visits and Zolpidem 10mg #30. Diagnoses include shoulder pain; lumbago; thoracic or lumbosacral neuritis/radiculitis; s/p fusion L3-5 in 2001; L3 decompression on 6/21/05; L5-S1 decompression on 10/3/07; laminectomy L2-5 on 3/24/10; and chronic pain syndrome; foot-drop gait; muscle atrophy; sleep disorder; s/p shoulder surgery; malaise and fatigue. Conservative care has included medications, therapy, acupuncture, psychotherapy, and modified activities/rest. Report of 9/30/14 from the provider noted the patient with chronic ongoing low back pain. Exam showed antalgic gait; left foot drop and pelvic tilt; TTP and decreased ROM of the lumbar spine; with normal tone and strength. Medications include Hydrocodone, Trazodone, Finasteride, Crestor, Omeprazole, and Tamsulosin. It was noted the patient gets 20-30% improvement with acupuncture for about a week over the last 3 months. The request(s) for Acupuncture 2 x 3 - 6 visits and Zolpidem 10mg #30 were non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 - 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: There is an IMR dated 10/16/14 upholding the UR denial of acupuncture dated 5/14/14. Current clinical exam show no clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2004 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture 2 x 3 - 6 visits is not medically necessary and appropriate.

Zolpidem 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, Treatment Index, 12th Edition (web), Pain, Date 11/14/2013, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien®), pages 877-878

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety 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 is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Zolpidem 10mg #30 is not medically necessary and appropriate.

