

Case Number:	CM14-0213227		
Date Assigned:	12/30/2014	Date of Injury:	12/26/2011
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a female patient with a date of injury of December 26, 2011. A utilization review determination dated November 21, 2014 recommends non-certification of Ambien 10 mg #7, and 3 month gym membership. A progress note dated November 4, 2014 identifies subjective complaints of a pain level of 6/10. The patient complains of cervical radicular pain that she describes as constant, achy with radiation, numbness, and tingling in both arms. The patient states that the numbness and tingling have improved since her surgery and it is worse with lifting and is better with opiate medication. The physical examination identifies that the patient is wearing a hard neck brace, the patient has severely limited range of motion of the cervical spine with flexion and extension less than 5 degrees and lateral rotation less than 5 degrees bilaterally. The diagnoses include status post cervical spine surgery from C4 through C7 with disc fusion and cage on September 23, 2014, chronic cervical radicular pain, and chronic opioid therapy. The treatment plan recommends oxycodone 10mg Q 4hrs #150, discontinue Norco, discontinue Ambien 10mg through titration down 1 tablet every other night then discontinue after one week, increase to nortriptyline 50mg QHS, continue with Lidoderm Patch 5%, and the patient is to attempt to go to the gym one time per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #7: 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), Work Loss Data Institute

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

Decision rationale: Regarding the request for Ambien 10mg #7, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. In the absence of such documentation, the currently requested Ambien 10mg #7 is not medically necessary.

3 month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for 3 month gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment. In the absence of such documentation, the currently requested 3 month gym membership is not medically necessary.

