

Case Number:	CM15-0111455		
Date Assigned:	06/17/2015	Date of Injury:	05/15/2014
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: Internal Medicine

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 injured worker was a 57 year old female, who sustained an industrial injury, May 15, 2014. The injury was sustained when the injured worker fell in the kitchen as the boss kicked the injured worker. The injured worker fell backwards. The injured worker hit her head and body hitting the concrete floor. The injured worker previously received the following treatments acupuncture, Ambien, home exercise program, manipulation and physical therapy. The injured worker was diagnosed with cervicalgia, cervical strain, lumbago, lumbar strain and insomnia. According to progress note of April 25, 2015, the injured workers chief complaint was low back and cervical neck pain. The cervical neck pain had been reduced greatly to 2-3 out of 10. The low back pain was reduced to 4-6 out of 10. The physical exam noted no pain with range of motion of the cervical neck, after acupuncture. The lumbar spine increased with range of motion after 6 sessions of acupuncture. According to the progress noted of April 13, 2015, the physical exam noted stiffness and tightness of the cervical paravertebral and trapezius musculatures. The examination of the lumbar spine noted heel-toe ambulation was very painful. There was exquisite tenderness noted at the L4-L5 and L5-S1. The straight leg raises were positive at 25 degrees bilaterally. The treatment plan included acupuncture services and a prescription for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture six visits 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on MTUS guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Acupuncture with electrical stimulation is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Time to produce functional improvement is 3-6 treatments. Frequency of treatment is 1-3 times a week and optimum duration is 1-2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. Functional improvement means either a clinically significant improvement in ADL's or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule pursuant to sections 9789.10-9789.1 11; and a reduction in the dependency on continued medical treatment. In this case, the patient has had reduced pain as a result of prior acupuncture treatment, but there is no evidence of functional improvement as defined in the MTUS guidelines. Therefore, based on MTUS guidelines and the evidence in this case, the request for Acupuncture six visits twice a week for 3 weeks is not medically necessary.

Ambien 5mg 1 QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Zolpidem (Ambien).

Decision rationale: Based on ODG guidelines, Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for short-term (usually 2-6 weeks) treatment of insomnia. 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. Ambien CR offers no significant clinical advantage over regular release zolpidem, and Ambien CR causes greater frequency dizziness, drowsiness, and headache compared to immediate release zolpidem. Due to adverse effects, FDA now requires

lower dose of zolpidem. The ER product is still more risky than IR. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. The report stresses that zolpidem should be used safely for only a short period of time. The findings have potential ramifications for patients prescribed zolpidem for relief of insomnia due to anxiety disorders, including PTSD, because these are people who already have heightened memory for negative and high-arousal memories. In this case, the patient has already been on Ambien for insomnia for at least several months and the recommendations clearly state that short-term (2-6 weeks) use is recommended. Therefore, based on ODG guidelines and the evidence in this case, the request for Ambien 5 mg 1 QHS is not medically necessary.