

Case Number:	CM15-0112319		
Date Assigned:	06/18/2015	Date of Injury:	06/08/2012
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32-year-old who has filed a claim for chronic low back pain (LBP), knee pain, and wrist pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of June 8, 2012. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for Ambien and trigger point injections. The claims administrator referenced an office visit dated May 12, 2015, in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported ongoing complaints of knee pain. The applicant had recently been cited for driving under the influence (DUI) on March 10, 2015, it was reported. The applicant had apparently been asked to detoxify off of various medications, which apparently included Duragesic, Ultracet, Neurontin, Prilosec, Naprosyn, Prozac, Adderall, Ambien, Catapres, Xanax, morphine, and Norco, it was stated. The applicant was using crutches to move about. The applicant was given multiple medications renewals, including renewals of Ambien and Xanax. The applicant stated that he was having difficulty sleeping secondary to psychological stress and anxiety. Trigger point injections were apparently performed in the clinic setting. The applicant was described as having undergone an earlier failed laminectomy-discectomy procedure. The attending provider acknowledged that the applicant was using Neurontin for residual (neuropathic) pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ambien 10mg: 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), Mental Illness & Stress: Zolpidem (Ambien) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not clearly state why he was concurrently furnishing the applicant with two separate anxiolytic (sedative) agents, Ambien and Xanax. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines likewise note that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request was framed as a renewal request and, by implication, represented treatment in excess of the FDA parameters. The attending provider, however, failed to furnish a compelling applicant specific rationale or medical evidence so as to support continued usage of Ambien in the face of the unfavorable FDA position on the same. The attending provider failed to furnish the compelling rationale for concurrent usage of Ambien and Xanax, benzodiazepine anxiolytic, particularly in the light of the fact that the applicant had issues with substance abuse and had recently been arrested for a DUI. Therefore, the request was not medically necessary.

4 trigger point injections (DOS 05/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Similarly, the request for four trigger point injections was likewise not medically necessary, medically appropriate, or indicated here. The trigger point injections were performed in the lumbar region, the treating provider acknowledged on May 12, 2015. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes that trigger point injections are "not recommended" for radicular pain. Here, the applicant's primary pain

generator was, in fact, radicular low back pain status post earlier failed lumbar spine surgery. The applicant had undergone earlier lumbar laminectomy surgery, presumably for radiculopathy. The applicant was seemingly using Neurontin (gabapentin) presumably for radicular pain. Trigger point injection therapy was not, thus, indicated in the face of the applicant's ongoing, longstanding radicular pain complaints. Therefore, the request was not medically necessary.