

Case Number:	CM15-0040276		
Date Assigned:	03/10/2015	Date of Injury:	03/20/2011
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a year old female who sustained a work related injury on March 20, 2011, incurring back injuries. She was diagnosed with lumbar disc disease, lumbar facet arthropathy and lumbar degenerative disc disease. Treatment included pain management. Currently the injured worker complained of low back pain radiating into her left thigh. Treatment included pain medications and muscle relaxants. Authorization was requested for a spinal stimulator and anti-inflammatory drugs, anti-inflammatory drugs and sleep aides.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Trial Page(s): 105.

Decision rationale: The California MTUS guidelines indicates that a spinal cord stimulator trial is indicated for individuals with neuropathic pain where less invasive procedures have failed or are contraindicated. The progress note dated January 22, 2015 indicates that the injured employees currently prescribed oral medications which are stated to be helpful with her pain and that she tolerates them well. Considering the success with oral medications, this request for a spinal cord stimulator trial is not medically necessary.

Ambien 10mg one po qhs #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 (ODG), Pain, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Zolpidem.

Decision rationale: The Official Disability Guidelines recommends that usage of Ambien be limited to six weeks time as there is concern that they can be habit-forming and may impair function and memory. There is also concern that they may actually increase pain and depression over the long-term. A review of the attached medical record indicates that this medication has been prescribed for an extended period of time. As such, this request for Ambien is not medically necessary.

Ativan 1mg one po bid/prn #60: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Per review of the submitted documentation, the injured worker was using this medication during 7/13/13 progress report, and she still experienced pain rated as 9/10. Documentation dated 7/2013 and 8/2013 indicate that the injured worker was only able to sleep 3-4 hours per night despite the use of this medication. The most recent progress note dated January 22, 2015 which prescribes a refill of Ativan does not contain any documentation of anxiety. Considering the recommendation against long-term use as well as an absence of symptoms and diagnosis of anxiety or panic disorder, this request for Ativan is not medically necessary.