

Case Number:	CM15-0066172		
Date Assigned:	04/14/2015	Date of Injury:	12/07/2005
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/07/2015

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 65-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 7, 2005. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve requests for Ambien and 16 sessions of physical therapy. The claims administrator referenced a RFA form of February 6, 2015 in its determination, along with a variety of historical Utilization Review reports. On February 2, 2015, the attending provider reiterated requests for physical therapy, acupuncture, and Ambien via an appeal letter. The applicant's work and functional status were not detailed. In a February 30, 2015 progress note, the applicant was off of work and had been deemed "disabled," it was acknowledged, owing to multifocal complaints of neck pain, hand pain, shoulder pain, low back pain, and ankle pain with derivative complaints of insomnia. The applicant's medications included Norco, Soma, Motrin, and Ativan, it was acknowledged. A TENS unit, a cervical traction device, and physical therapy were endorsed, along with prescriptions for Norco, Soma, Ativan, Norco, and Ambien. In a progress note dated February 5, 2015, the applicant was given various medications, including Norco, Ambien, and Zofran. It was suggested that the applicant was contemplating a knee meniscectomy procedure. On January 15, 2015, Norco, Soma, Neurontin, Xanax, Soma, and Ambien were all endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 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: Zolpidem (Ambien); Insomnia Treatment.

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 INDICATIONS AND USAGE 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 sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate 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, the request in question was framed as a renewal request for Ambien as the applicant had been using the same for a minimum of several months. Such usage, however, ran counter to the FDA label. It was further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish a compelling rationale for provision of multiple anxiolytic and/or sedative agents, including Xanax, Ativan, Ambien, etc. Therefore, the request is not medically necessary.

Additional 16 Physical Therapy Visits, 2 times a week for 8 weeks, Low Back, Bilateral Lower Extremity and Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: Similarly, the request for 16 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 16-session course of therapy proposed, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was acknowledged, as of the date of the request.

The applicant had been deemed permanently disabled, the treating provider maintained, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on a variety of analgesic medications, including Norco, Soma, Motrin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.