

Case Number:	CM15-0074054		
Date Assigned:	04/24/2015	Date of Injury:	03/25/2005
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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: Emergency 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 is a 59 year old male, who sustained an industrial injury on 03/25/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar intervertebral disc, thoracic myofasciitis, sacroiliac sprain/strain, post traumatic anxiety, spasm of the muscles, and post-operative laminectomy. Treatment to date has included physical therapy, use of a walker, and medication regimen. In a progress note dated 03/09/2015 the treating physician reports complaints of pain to the lower back that radiates from the groin to the bilateral lower extremities, and is rated four on a scale of zero to ten with associated symptoms of numbness, stiffness, tightness, and tingling; aching, dull, sharp, and throbbing pain is noted to the bilateral upper back that radiates to the neck and is rated an eight on the scale of zero to ten; and moderate to severe aching, dull, and throbbing pain noted to the bilateral mid back that radiates to the neck and left ribs and is rated a nine on a scale of zero to ten. The treating physician requested a refill of Ambien 10mg one at bed time for sleep for a quantity of 60 and a follow-up visit in six weeks, but the documentation provided did not indicate the specific reason for the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Primary treating physician follow-up office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag indicators, Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested primary treating physician follow-up office visit, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results;" and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain to the lower back that radiates from the groin to the bilateral lower extremities, and is rated four on a scale of zero to ten with associated symptoms of numbness, stiffness, tightness, and tingling; aching, dull, sharp, and throbbing pain is noted to the bilateral upper back that radiates to the neck and is rated an eight on the scale of zero to ten; and moderate to severe aching, dull, and throbbing pain noted to the bilateral mid back that radiates to the neck and left ribs and is rated a nine on a scale of zero to ten. The treating physician has documented sufficient ongoing symptoms and exam findings to establish the medical necessity for a primary treating physician follow-up. The criteria noted above having been met, Primary treating physician follow-up office visit is medically necessary.

Ambien 10mg, #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg, #60, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has pain to the lower back that radiates from the groin to the bilateral lower extremities, and is rated four on a scale of zero to ten with associated symptoms of numbness, stiffness, tightness, and tingling; aching, dull, sharp, and throbbing pain is noted to the bilateral upper back that radiates to the neck and is rated an eight on the scale of zero to ten; and moderate to severe aching, dull, and throbbing pain noted to the bilateral mid back that radiates to the neck and left ribs and is rated a nine on a scale of zero to ten. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit

from its previous use. The criteria noted above not having been met, Ambien 10mg, #60 is not medically necessary.