

Case Number:	CM15-0079745		
Date Assigned:	04/30/2015	Date of Injury:	04/09/2009
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial/work injury on 4/9/09. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar radiculopathy, chronic pain syndrome, and L4-5 annular tear. Treatment to date has included medication. Currently, the injured worker complains of low back pain that radiates down the bilateral lower extremities (L>R) to the foot. The pain is aggravated by activity and walking along with occasional muscle spasms in the low back. Pain is rated 4/10 with medication and 9/10 without medication. Per the primary physician's progress report (PR-2) on 3/24/15, examination revealed tenderness with palpation in the bilateral paravertebral area L4-S1 levels. Pain was significantly increased with flexion and extension. Current plan of care included physical therapy, lumbar brace, home exercises, and medications. The requested treatments include Ambien, Tizanidine, and durable medical equipment (DME) lumbar orthosis brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG-TWC), Pain (Chronic) - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg, #30 with 1 refill is not medically necessary and appropriate.

Tizanidine 2mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged without acute flare-up or clinical progression. The Tizanidine 2mg, #30 with 1 refill is not medically necessary and appropriate.

Durable medical equipment (DME) lumbar orthosis brace: Upheld

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): Low Back Chapter 12, page 301. Decision based on Non-MTUS Citation ODG, Low Back, Back brace, page 372.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom back brace for acute post-operative use. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase of injury. In addition, ODG states Lumbar supports as not recommended for prevention and is under study for treatment of nonspecific LBP, recommending as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment. The Durable medical equipment (DME) lumbar orthosis brace is not medically necessary and appropriate.