

Case Number:	CM15-0099135		
Date Assigned:	06/01/2015	Date of Injury:	12/16/2010
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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, 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 47-year-old male with an industrial injury dated 12/16/2010. The injured worker's diagnoses include bilateral lumbar radiculopathy, lumbar facet joint arthritis, myofascial pain, and insomnia secondary to chronic pain. Treatment consisted of MRI of the lumbar spine, electromyography (EMG) and nerve conduction study of the lower extremities, prescribed medications, home exercise therapy and periodic follow up visits. In a progress note dated 4/01/2015, the injured worker reported low back pain radiating to the right lower extremity with intermittent pain associated with numbness. The injured worker rated pain a 7/10. Objective findings revealed positive reflux, positive musculoskeletal pain, positive for anxiety and depression, spasms in the lumbar paraspinal muscles, stiffness in lumbar spine, antalgic gait, tenderness in the lumbar facet joints, and increased pain with lumbar range of motion. Treatment plan consisted of medication management. The treating physician prescribed 60 tablets of Ibuprofen 800 mg and 30 tablets of Zolpidem 10 mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Ibuprofen 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested ibuprofen is not medically necessary.

30 tablets of Zolpidem 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.