

<b>Case Number:</b>	CM14-0102614		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female who has submitted a claim for failed back surgery syndrome with residual numbness and weakness associated with an industrial injury date of December 17, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the left shoulder, low back and leg and trouble sleeping. On examination, patient was found to have a well-healed surgical incision about the lumbar spine, no swelling, point tenderness in the paravertebral area with spasm, altered toe walking, normal heel walking, decreased sensation in the bilateral L5 distribution, 4+ weakness in the quadriceps, hamstrings, gastrosoleus, anterior tibialis and extensor hallucis longus. Treatment to date has included multiple medications including opioids, Zolpidem, and Gabapentin. Utilization review from June 6, 2014 denied the request for lumbar corset and Zolpidem 10mg #30. The request for lumbar corset was denied because the guidelines do not recommend the use of lumbar supports beyond the acute stage of injury and there was no documentation of any spinal instability, recent/pending spinal fusion surgery, or any other clear rationale for the its use. The request for Zolpidem was denied because there was no documentation of failed trial to improve sleep hygiene.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion).

**Decision rationale:** Page 301 of the CA MTUS ACOEM states that lumbar supports has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, patient has been complaining of chronic back pain since at least December 2013, which is beyond the acute phase. There was no documentation of spinal instability or pending spinal fusion surgery. There is no indication for back brace at this time. Therefore, the request for lumbar corset is not medically necessary.

**Zolpidem 10mg #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

**Decision rationale:** CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, Zolpidem was being prescribed Zolpidem since at least March 31, 2014. Furthermore, despite long-term use, there was no documentation of functional improvement with Zolpidem. There was no documentation that the patient had already had a trial of sleep hygiene improvement. There is no clear indication for continued use of Zolpidem. Therefore, the request for Zolpidem 10mg #30 is not medically necessary.