

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

March 19, 2015

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Ambien 10mg, Right SI Joint Injection

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience, including Pain Management.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was involved in a work-related accident on xx/xx/xx resulting to injury to his cervical and lumbar spine.

02/13/2014: Letter. underwent several cervical spine surgeries and is fused at three levels. Unfortunately, he had postoperative complications that included difficulty with speech and swallowing as well as esophageal dysmobility. He was seen by an ENT specialist and was stated on Librax which has been helpful and which he continues to take in a stable dose with no dosage escalation. In addition to this, he takes Endocet 5mg up to BID for pain relief. Lastly he takes generic Zolpidem for sleep which he has found helpful in treatment of a sleep disturbance that has been problematic since the accident. These medications, in my opinion, are reasonable and necessary and are being written solely as the result of the work in jury.

02/13/2014: Office visit. **HPI:** Claimant has had three cervical spine surgeries. He has a three-level ACDF with multiple complications which include dysarthria, dysphasia, and esophageal dysmotility. Claimant does not work, disabled. **PE:** Cervical ROM is significantly limited by pain as is ROM of the upper extremities at the shoulders. He can make horizontal but not beyond. **Medications:** Ambien 10mg, Endocet 325mg, Lamotrinine Metoprolol, Librax 5mg. **Plan:** Long term use of meds: UDS.

04/16/2014: Office visit. **New Medication:** Chlordiazepoxide 5mg. Claimant reported pain interferes with sleep.

10/15/2014: Lab report. Was positive for oxycodone, noroxycodone, Oxymorphone, and oxazepam.

10/15/2014: Office visit. Claimant reported headache, history of neck pain, right shoulder pain, low back pain and left knee pain. **PE:** Decreased flexion and extension of the cervical spine with posterior neck pain, more painful on extension. Tender diffusely over his right cervical facet column. Decreased ROM of his right shoulder with pain. He is tender to palpation over the anterior and posterior aspects of his right shoulder. Slow, stiff and antalgic gait; and he walks with a limp. Decreased flexion and decreased extension with low back pain, more painful on flexion. He has low back pain on axial rotation bilaterally (right greater than left). Tender over his lower lumbosacral junction and tender over his right lumbar facet column. Straight leg raise in the seated position is negative bilaterally. Tender to palpation over the anterior, medial and lateral aspects of his left knee, and he has pain on range of motion of this left knee.

12/18/2014: Office visit. **Current Medications:** Zolpidem 10mg, Chlorodiazepoxide 5mg, endocet 5mg, Ambien 10mg, Lamo TRlGINE 100mg, meTOPROLOL succinate ER 50mg, Alfuzosin ER 10mg, Celexa 40mg, Panlor SS. **Pain rating: 10**

12/22/2014: Office visit. Claimant reported of low back pain that radiated down to the right lower extremity especially in the hip region. He had a three-level anterior dysmotility. On his last office visit, he was prescribed Endocet 5mg, Librax and Ambien. **Current Medications:** zolpidem, chlordiazepoxide-clinidium, endocet, Ambien, lamotrigine, metoprolol, alfuzosin ER, Celexa and Panlor SS. Claimant was diagnosed with degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, backache unspecified, myalgia and myositis unspecified, muscle spasm and pain in the joint involving the pelvic region and thigh.

01/20/2015: UR. Rationale for denial: The claimant is a male who was involved in a work-related injury on xx/xx/xx. On 10/15/2014, the physical examination revealed there was decreased flexion and extension of the cervical spine with posterior neck pain, more painful on extension. There was diffuse tenderness over his right cervical facet column. There was decreased ROM of his right

shoulder with pain and there was tender to palpation over the anterior and posterior aspects of his right shoulder. Slow, stiff and antalgic gait was noted. He walked with a limp. There was decreased flexion and extension with low back pain, more painful with flexion. He had low back pain on axial rotation bilaterally, tenderness over his lower lumbosacral junction and right lumbar facet column. There was tenderness to palpation over the anterior, medial and lateral aspects of his left knee, and pain on ROM of his left knee. In my judgement, the clinical information provided does not establish the medical necessity of this request.

02/26/2015: UR. Rationale for denial: is a male who sustained a work-related injury on xx/xx/xx. Per the 10/15/14 return office visit, examination revealed slow, stiff and antalgic gait and he walked with a limp. Decreased flexion and extension with low back pain, more painful on flexion was noted. He had low back pain on axial rotation bilaterally (right greater than left). There was tenderness over the lower lumbosacral junction and over the right lumbar facet column. Straight leg raise in the seated position was negative bilaterally. There was tenderness over the anterior, medial and lateral aspects of the left knee and he had pain on ROM of his left knee. This request is for appeal of Endocet 5-325 mg, Ambien 10mg and right SI joint injection. A modification to Endocet 5-325 mg #60 2RF is medically necessary.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous determinations have been upheld. The claimant is a xx-year-old male who sustained a work-related injury on xx/xx/xx. Physical examination on 10/15/2014 showed slow, antalgic gait and walk with a limp, decreased back flexion and extension with greater pain on flexion. Claimant had low back pain on axial rotation bilaterally (right greater than left). There was tenderness over the lower lumbosacral junction and over the right lumbar facet column. There was tenderness over the anterior, medial and lateral aspects of the left knee and he had pain on ROM of his left knee. This request is for appeal of Ambien 10mg and right SI joint injection. In order to justify a multidisciplinary approach as the one suggested, several criteria must be met. The claimant must demonstrate pain that is excessive compared to the diagnosis, which the claimant does not. There is no indication that the claimant is not a candidate for surgical intervention. Therefore, the request for Ambien 10mg and right SI joint is non-certified.

#### **ODG Guidelines:**

*Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:*

- (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity.
- (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis.
- (c) Risk factors are identified with available screening tools or there is a previous medical history of [delayed recovery](#).
- (d) The patient is not a candidate where surgery or other treatments would clearly be warranted.

(e) Inadequate employer support or evidence of work organizational factors limiting return to work without interventions.

(f) Evidence of psychosocial barriers that make return to work unlikely.

(g) Loss of employment or evidence of partial disability involving ability to perform only “part-time” work or work with “light-duty” restrictions for greater than 4 months. ([Mayer, 2003](#))

([Gatchel, 2003](#)) For general information see [Chronic pain programs](#).

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)