

Case Number:	CM13-0019444		
Date Assigned:	10/11/2013	Date of Injury:	12/27/2008
Decision Date:	01/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 IMR applications lists the injury date as 12/27/08 and shows a dispute with the 8/28/13 UR decision on zolpidem, omeprazole and tramadol. The 8/28/13 UR letter is based on the 5/13/13, 3/19/13, 2/18/13 and 1/7/13 reports from [REDACTED]. According to the 9/9/13 report, [REDACTED] describes the patient on follow-up examination as having neck, back, bilateral shoulder and bilateral wrist pain. [REDACTED] states that he has received authorization for a surgery, but that the patient does not want to have anything invasive. The 7/22/13 report from [REDACTED] describes the right shoulder surgery approved and the fact that the patient continues with neck, back and upper and lower extremity pain. Additionally, [REDACTED] mentions that the patient is walking with a 4-point cane. Medications were refilled because they provide pain relief and improved his functional status. The 5/13/13 report discusses the right shoulder impingement signs and requests the surgery, but does not mention pain levels, gastrointestinal (GI) problems, or insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 5mg #60 dispensed on 7/22/13: 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 ODG Pain Chapter, Insomnia Treatment.

Decision rationale: The available medical records did not discuss a rationale for Ambien. There was no mention of sleep disturbance or insomnia. ODG guidelines stated the specific components of insomnia should be addressed including sleep onset, maintenance, quality and next-day functioning. The reporting requirements by ODG for insomnia treatment have not been met. The use of zolpidem is not in accordance with ODG guidelines. The request zolpidem tartrate is not medically necessary and appropriate.

Omeprazole 20 mg #30 dispensed on 7/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk, Page(s): 68-69.

Decision rationale: The patient is not reported to have GERD or any of the MTUS GI risk factors. There is no discussion of why omeprazole is being prescribed. He was reported to have a colonoscopy, and a possible consultation with an oncologist for medical clearance for the shoulder surgery, but details were not discussed. The patient does not appear to have MTUS indications for use of omeprazole. The request for omeprazole is not medically necessary and appropriate.

Tramadol ER 150mg #30 dispensed on 7/22/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS criteria for opioids requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines. The request for tramadol ER is not medically necessary and appropriate.