

Case Number:	CM13-0041687		
Date Assigned:	12/20/2013	Date of Injury:	04/20/2009
Decision Date:	02/27/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/30/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 patient is a 64-year-old male who reported a work-related injury on 04/20/2009 after he was cleaning a mirror and felt a pop in his right shoulder. The patient is status post anterior cervical discectomy and interbody fusion C4 to C7 in 2012 and a partial laminectomy in 09/2012 at T11-12. Recent physical exam of the patient revealed spasm and painful and decreased range of motion to his cervical spine. There was facet tenderness and tenderness to palpation over the "cervicotrachezial" ridge and into the trapezius. Exam of the right shoulder revealed painful range of motion. The patient's medications include Flexeril, Prilosec, Ambien, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Prilosec #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI (Gastrointestinal), symptoms & cardiovascular. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Proton pump inhibitors (PPIs)

Decision rationale: The Claims Administrator based its decision on California Chronic Pain Medical Treatment Guidelines indicate for patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a non-selective NSAID (Non-Steroidal Anti-Inflammatory Drugs), with either a proton pump inhibitor or misoprostol is recommended. Guidelines further state that long-term proton pump inhibitor use has been shown to increase the risk of hip fracture. There was no evidence given in the clinical documentation submitted for review that the patient was at risk for gastrointestinal events. The patient was not noted to be taking an NSAID and no significant functional improvements were noted for the patient due to the use of Prilosec. The Official Disability Guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There was no documentation submitted to support the continued use of Prilosec for the patient. Therefore, the decision for Pharmacy purchase of Prilosec #30 is non-certified

Pharmacy purchase of Ambien #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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: Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia per Official Disability Guidelines. There was no documentation submitted stating the patient complained of insomnia and there were no functional improvements noted for the patient with the use of Ambien. Guidelines further state that due to adverse effects, the FDA now requires lower doses for Zolpidem. The request did not include the dose of Ambien for the patient. Per clinical documentation submitted, the patient has been prescribed Ambien since at least 02/2013. Per Guidelines, Ambien is approved for the short-term treatment of insomnia, which is usually 2 to 6 weeks. Therefore, the decision for Pharmacy purchase of Ambien #30 is non-certified