

Case Number:	CM13-0071038		
Date Assigned:	01/08/2014	Date of Injury:	11/12/2005
Decision Date:	05/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopaedic Surgery 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 claimant is documented as having sustained an injury on October 10, 2005. The most recent progress note, dated November 22, 2013, indicates that the claimant returns, but does not list a chief complaint and there is no subjective section of the note. The claimant is documented as being on SOMA (also documented as being on this medication in January, February, March, April June, July, August and September 2013), Ambien, Lyrica, Omeprazole, Cymbalta, Opana ER, Valium, vitamin C, Benazepril, Viagra, and Norvasc. The physical exam provided is normal and documents no examination being performed of the lumbar spine. The clinician diagnoses the claimant with lumbago, lumbosacral neuritis, and post-laminectomy syndrome. The most recent documented exam of the lumbar spine, as specified in a progress note dated August 20, 2013, revealed tenderness palpation over the lumbar notes bilaterally, and bilateral straight leg raise with persistent pain and paresthesias in an L4 pattern. The claimant is also documented as having hyposensation, and a week right knee extensor.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN-CR 12.5MG #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 (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Non-Benzodiazepine Sedative-Hypnotics.

Decision rationale: The MTUS and ACOEM do not address non-benzodiazepine sedative hypnotics. The ODG indicates that Ambien is a first-line medication for the treatment of insomnia. However, based on the clinical documentation provided, there are no recent documented complaints of insomnia or difficulty sleeping. As such, this medication is not medically necessary.

OMEPRAZOLE 10MG # 60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS supports the use of omeprazole as a G.I. protectant when used in combination with an oral anti-inflammatory medication in individuals that are at potential risk of G.I. complications. Based on the clinical documentation provided, the claimant is not currently utilizing oral anti-inflammatory medications and has no complaints of G.I. upset. As such, the requested medication is not medically necessary.