

<b>Case Number:</b>	CM14-0003499		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/18/2007
<b>Decision Date:</b>	06/18/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in 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 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 injured worker is a 58 year old male who reported an injury on 07/18/2007 secondary to unknown mechanism of injury. The diagnoses included L3-S1 foraminal narrowing with radiculopathy, status post right rotator cuff repair, lateral epicondylitis and biceps brachioradialis tendinitis and sleep apnea. The injured worker was evaluated on 12/06/2013 for reports of continued pain and radiculopathy symptoms and for medication refills. The exam noted the injured worker has been prescribed several sleep aids in the past and is requesting Ambien again. The physical exam noted no deficits. The treatment plan included continued medication therapy and possible physical therapy. The request for authorization dated 12/11/2013 is in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 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 (ODG), (updated January 2013), Pain Chapter.

**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 (Ambien).

**Decision rationale:** The Official Disability Guidelines state Zolpidem (Ambien) is approved for the short-term, (usually two to six weeks), treatment of insomnia. The exam noted the injured worker has been prescribed several different sleep aids. There is a lack of objective evidence of the efficacy time and duration of the other medications prescribed. There was a lack of documentation regarding the injured workers sleep disorder and symptomatology related to the sleep disorder. Therefore, based on the documentation provided, the request for Ambien 10mg #30 is not medically necessary and appropriate.

**PANTOPRAZOLE 20 MG:** 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), (updated August 2013), Proton Pump Inhibitor (PPI), NSAIDS, GI Symptoms, and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Proton Pump Inhibitor (PPI), NSAIDS, GI Symptoms, and Cardiovascular Risks Page(s): 6.

**Decision rationale:** The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker is not prescribed NSAID medications and there is a lack of evidence in the documentation provided indicating the injured worker is at risk for gastrointestinal events. Therefore, the request for pantoprazole 20 mg is not medically necessary and appropriate.