

Case Number:	CM14-0105316		
Date Assigned:	07/30/2014	Date of Injury:	09/08/2009
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 injured on 09/08/09 due to an undisclosed mechanism of injury. Current diagnoses include lumbar disc displacement, cervical disc displacement with radiculopathy, cervical and lumbosacral disc degeneration, post-laminectomy syndrome of the cervical spine, headaches, myalgia and myositis, and status post anterior/posterior fusion at C6-T1. The clinical note dated 05/15/14 indicates the injured worker presented complaining of headaches, right hand shaking/tremor with associated weakness/numbness, rib/chest area pain, and bilateral feet pain. The injured worker reports Methadone helps with discomfort and continued use of omeprazole helps with gastrointestinal discomfort. The injured worker rates the pain at 5-6/10. The injured worker reports pain aggravated with lifting, bending, and twisting and alleviated with rest and medication. Physical assessment revealed evidence of acromioclavicular joint arthropathy of the bilateral shoulders, decreased range of motion, hypermobility negative, impingement test positive, right greater than left. Examination revealed sensation reduced bilaterally in glove distribution, right greater than left arms and hands to pin prick and light touch, slow antalgic gait. Medications include Methadone 5mg three times a day, Omeprazole 10mg every day, Ambien 10mg every night, Lyrica 75mg three times a day, Duloxetine 60mg every day, Senexon-S every day and Cymbalta 60mg everyday. The initial request for Ambien 10mg nightly #30 prescribed 05/30/14 and omeprazole 10mg delayed release daily #30 was initially non-certified on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg nightly #30, prescribed 5/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Zolpidem (Ambien chapter and Pain chapter) and Lin F-Y et al. Retrospective population cohort study on hip fracture risk associated with zolpidem medication. (Sleep 2014 Apr; 37:673).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10mg nightly #30 is not medically necessary.

Omeprazole 10mg delayed release daily #30, prescribed 5/30/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Documentation indicates the injured worker has a history of prolonged non-steroidal anti-inflammatory drugs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 10mg delayed release daily #30 is medically necessary.