MAXIMUS Federal Services

Case Number:	CM14-0109817		
Date Assigned:	08/01/2014	Date of Injury:	12/16/2005
Decision Date:	09/03/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine 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:

According to the provided documents this is a 69-year-old woman who was originally injured on 12/16/05. She tripped and fell injuring the low back, bilateral knees and left ankle as well as bilateral wrists and hands. There have been multiple diagnostic studies of the various body parts, treatment with knee surgery, acupuncture, imaging studies, lumbar medial branch blocks and facet rhizotomy epidural steroid injections. This review is a request for Ambien, Ultram and omeprazole. Medical records indicate that the orthopedist has been prescribing the Ambien and Ultram since at least 2/26/14. Patient was off of work at that time and pending follow-up with the pain management physician apparently for consideration for additional invasive pain management procedures. Note is made that the pain management physician frequently gives the patient a Toradol injection when she is seen and is also providing vitamin D supplementation. Aquatic therapy has been recommended in February 2014 as well. Gabapentin was started by the pain management physician in 2014 as well. RFA and corticosteroid injection in the lumbar region was performed by the pain management physician on 3/18/14. A 4/9/14 report from the orthopedist indicated patient was again given tramadol and Ambien. Therapy was continued. Patient remained off of work. There is a 5/21/14 report from the prescribing orthopedist documenting ongoing diffuse pain in the lumbar region, bilateral ankles and knees. Treatment with the pain management specialist is noted. There are 14 total diagnoses documented relating to the bilateral knees, ankles low back with contusions and obesity. Patient was again given Ultram and Prilosec to protect the patient's stomach as she was on significant medications. There is no mention of prescription of any NSAIDs. There is no documentation of any problems with insomnia or difficulty sleeping. No documentation of the actual frequency of use of the Ultram or what if any specific functional activities using the medication allowed. Patient was again prescribed Ambien 10 mg #30, Prilosec 20 mg 1 BID #90 and Ultram 50 mg #80 on 6/25/14

when she continued to complain of back pain and pain bilateral knee pain. The records do not contain any subjective complaints of upper gastrointestinal problems or mention any upper gastrointestinal illnesses such as gastroesophageal reflux disease, gastritis, peptic ulcer disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, take 1 po BID (twice daily) #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), insomnia treatment.

Decision rationale: MTUS chronic pain guidelines and ACOEM 2nd edition are silent on treatment of insomnia. ODG guidelines do address insomnia and treatment of insomnia. They recommend that treatment be based on etiology and note that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Ambien is only indicated for short-term treatment for insomnia with difficulty of sleep onset (7-10 days) 1st, there has not been any documentation of a diagnosis of insomnia nor is there any documentation of daytime sleepiness or even difficulty sleeping. There is no documentation of the evaluation for potential causes of sleep disturbance. Use of the Ambien has been chronic greater than 90 days based upon the available records. Continued use of this sleep aid is not supported by ODG guidelines. Based upon the evidence and these guidelines, this is not considered to be medically necessary.

Prilosec 20mg take 1 po BID (twice daily) #90: 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 part 2 Page(s): 67-70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA omprazole prescribing information at http://www.drugs.com/pro/omeprazole.html.

Decision rationale: The medical reports only indicate that the patient's been prescribed omeprazole to help prevent and protect the stomach because of multiple medications. However, there is no indication this patient is taking any NSAIDS. The FDA prescribing information indicates that use of omeprazole is indicated for duodenal ulcer, gastric ulcer, gastroesophageal reflux disease, maintenance/ healing of erosive esophagitis, and pathological hypersecretory conditions none of which are documented here. There are no diagnoses or upper gastrointestinal symptoms documented consistent with duodenal ulcer, treatment of H. pylori infection, gastric ulcer, GERD, erosive esophagitis, hypersecretory condition (e.g. Zollinger-Ellison syndrome).

The available evidence, guidelines and FDA indications do not support the medical necessity of this medication.

Ultram 50mg #80: 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 part 2 Page(s): 74-79.

Decision rationale: The use of the Ultram which is a opioid analgesic has been chronic, greater than 90 days. However, while the patient has been continuing to use this the pt has required additional ongoing treatment with physical therapy and invasive pain medicine modalities. She has been considered totally disabled from work. There has not been any documentation of any increase in function, such as ability to increase activities of daily living and exercise or make progress towards returning to some type of work. MTUS chronic pain guidelines state that opiate should be discontinued if there is no overall improvement of function, or decrease in function or resolution of pain. Therefore, based upon the evidence the guidelines continued use of the Ultram is not considered to be medically necessary.