

<b>Case Number:</b>	CM14-0011623		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is 61-year-old female who has submitted a claim for partial tear of the rotator cuff of right and left shoulder, acromioclavicular joint hypertrophy both shoulders, capsulitis left shoulder, status post arthroscopy of the left shoulder with partial resection of the glenoid labrum and manipulation associated from an industrial injury date of March 22, 2011. Medical records from 2012-2014 were reviewed, the latest of which dated January 6, 2014 revealed that the patient is taking Motrin. Norco is helping relieve her pain slightly and Prilosec helps with the stomach irritations. She is also using Ambien and indicated that she gets 6-7 hours of sleep with medication and 2-3 hours without. The patient has no new injuries. There is noted popping and clicking in bilateral shoulders, left more than the right. There is limitation in range of motion with numbness and tingling on the bilateral shoulders. There is positive Crank test in the left shoulder. Treatment to date has included arthroscopy of the left shoulder with partial resection of the glenoid labrum and manipulation, TENS, physical therapy, and medications that include ibuprofen, omeprazole, Zolpidem, and hydrocodone/APAP. Utilization review from January 10, 2014 modified the request for prescription drug management (urinalysis) to a point-of-contact urine immunoassay only; however, reason for modification was not made available; did not grant the request for Omeprazole 800MG #100 because none of their conditions (gastritis, heartburn, peptic ulcer disease, GERD) are documented for the patient; and did not grant the request for Zolpidem 10MG #30; however, the reason was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription drug management (urinalysis): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under on-going opioid treatment. In addition, stated in ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed for cause (e.g., provider suspicion of substance misuse). The Official Disability Guidelines states that patients at low risk of addiction or aberrant behavior should be tested on a yearly basis. In this case, the patient has undergone multiple drug testing (1/7/13, 11/5/12, 8/6/12) with results consistent with prescribed medications. The recent clinical evaluation does not document indication that may warrant a repeat urine drug testing. There is no discussion of the patient having a high risk for aberrant drug use behavior that will necessitate frequent drug monitoring. Therefore, the request for prescription drug management (urinalysis) is not medically necessary.

**Omeprazole 800MG #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms and Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** As stated on pages 68-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age > 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. In this case, the patient has been on omeprazole since August 2012 to prevent stomach irritation while on ibuprofen and hydrocodone/APAP. The patient has a history of long-term use NSAIDs and opioid, but not on high doses. Furthermore, the patient is only 61 years old and does not have a history of gastritis, heartburn, peptic ulcer disease, or GERD. The patient is not at risk for gastrointestinal events. The medical necessity for omeprazole was not established. Therefore, the request for Omeprazole 800MG #100 is not medically necessary.

**Zolpidem 10MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference.

**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:** The California MTUS does not specifically address the topic on Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient has been on Zolpidem since January 2013 to treat insomnia. In the most recent clinical evaluation, the patient reports that she gets 6-7 hours of sleep with medication and 2-3 hours without. However, there is no physical examination or diagnostic finding that supports the diagnosis of insomnia. In addition, the use of Zolpidem is beyond guideline recommendation. Therefore, the request for Zolpidem 10MG #30 is not medically necessary.