

<b>Case Number:</b>	CM14-0119175		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 a 39-year-old with an injury date on 11/16/11. The patient complains of pain in the right knee, right hip, weight gain, insomnia, and emesis from current medications per 7/15/14 report. The patient had three right knee arthroscopic surgeries, but did not benefit from the second and worsened after the third per 7/15/14 report. The patient developed an antalgic gait with right hip pain that is constant, present 24/7 per 7/15/14 report. Based on the 7/15/14 progress report provided by the requesting provider the diagnoses include chronic right knee pain, status post (s/p) 3 surgeries; right hip pain, most likely from antalgic gait due to #1 above; weight gain secondary to chronic pain; insomnia secondary to inactivity from right knee industrial injury; emesis from tramadol; and depression from her industrial injury. Exam on 7/15/14 showed "right knee has evidence of osteoarthritis. Moderate swelling but no effusion. No crepitus is felt bilaterally. Range of motion is full." The requesting provider is requesting Omeprazole 20mg and Ambien unspecified quantity. The utilization review determination being challenged is dated 7/23/14. The requesting provider provided treatment reports from 2/6/14 to 7/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. 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): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter, Prilosec.

**Decision rationale:** This patient presents with right knee pain and right hip pain. The treater has asked for Omeprazole 20mg on 7/15/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. Gastrointestinal (GI) risk assessment must be provided. Current list of medications do not include an NSAID. There is no documentation of any GI issues such as gastroesophageal reflux disease (GERD), gastritis or peptic ulcer disease (PUD). The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of proton pump inhibitor (PPI) without GI assessment. The patient currently has no documented stomach issues. Recommendation is not for medical necessity.

**Ambien unspecified quantity:** 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), Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chronic Pain Chapter, Insomnia Treatment, Ambien (Zolpidem) (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>).

**Decision rationale:** This patient presents with right knee pain and right hip pain. The treater has asked for Ambien unspecified quantity on 7/15/14. Patient is not currently on any sleeping aids per 7/15/14 report. Regarding Ambien, Official Disability Guidelines (ODG) recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Sleep aids are not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the treater has asked for Ambien with an unspecified quantity. Due to a lack of specificity of the request, recommendation is not for medical necessity.