

<b>Case Number:</b>	CM14-0127219		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/26/2001
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Emergency 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:

The patient had his injury on 6/26/01 .On 6/18/14 he had an appointment with his M.D. who noted that he had increase in mid back pain .His pain had not been alleviated and in fact had become more intense.The M.D. noted that he had been able to titrate the Ambien from 20 to 10 mg qd.His other meds included Prilosec,Norco,Motrin, and Prozac.The patient was noted to have tenderness over the thoracic spine .His diagnoses were:post laminectomy cervical syndrome, post laminectomy lumbar syndrome,depression,and thoracic disc protrusion.The treatment plan was to continue the meds and follow up in 4 weeks.A note from 5/23/14 states that the patient was sleeping better back on the Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Up to date review Topic 9718 and Version 134.0

**Decision rationale:** Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states.It is used to treat duodenal ulcers,gastric ulcers,symptomatic

gerd, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. The above patient has no history of any symptoms needing treatment. He is on Motrin, an NSAID but no history is provided categorizing the patient as either intermediate or high risk of a GI event. Therefore, the treatment is not medical necessary or appropriate.

**Zolpidem 10mg QTY 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date review of Ambien and insomnia treatment

**Decision rationale:** Ambien is a medicine used to treat insomnia. The literature states that medications should be a last resort for insomnia and should be used as short a duration of time as possible and in as low a dose as possible. Initial treatment should be treatment of general medical and psychological issues that could be causing the insomnia and instruction in general sleep hygiene and behavior modification in order to treat this condition. The next step if the above is not successful would be the use of cognitive behavioral therapy. Only if all the above measures are unsuccessful should sleep meds be utilized and again for the shortest time period possible and in the smallest doses possible. It is noted that Ambien could have side effects such as HBP, palpitations, anxiety, muscle cramps and back pain. In the above patient we note that he was off Ambien but needed to restart it in order to sleep. We have no description of other treatments used. Other meds could be tried which treat both depression and insomnia such as Remeron or Trazodone. Other agents such as Melatonin could also be attempted. Ambien is not medical necessary or appropriate.