

<b>Case Number:</b>	CM14-0152917		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/27/2008
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 New York. 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:

This employee is a 54 year old man who was injured on 12/27/08. He has chronic pain in the neck, low back, and right shoulder. His treating provider is appealing the 9/5/14 denial of Zolpidem, Omeprazole and Tramadol. He is a candidate for shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693025.html>

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

**Decision rationale:** The MTUS Guidelines are silent in regards to treating sleep disturbances. The Official Disability Guidelines states that treatment for insomnia should be based on the etiology of the sleep disorder. There is no evidence that any investigation has been completed regarding the cause(s) of sleep disturbances in this patient. Furthermore, pharmacotherapy is aimed at improving various phases of sleep, such as sleep initiation or sleep maintenance.

Zolpidem is indicated for short-term treatment. There is no quantity or directions provided regarding this patient, to help determine medical necessity. Therefore, this request is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-70.

**Decision rationale:** There is no evidence presented that shows this patient is even taking an NSAID, a criteria for prescribing a PPI, such as Omeprazole. The MTUS guidelines have indications for PPI treatment based on risk stratification for GI adverse events. There is no medical information presented for review indicating that this patient is at greater risk for GI events (e.g. age greater than 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulant; or high dose/multiple NSAID.) Therefore, this request is not medically necessary.

**Tramadol HCL ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS has criteria for continuing and discontinuing opioid therapy. They maintain that evidence of decreased pain and increased function, i.e. return to work, and on opioid medications must be documented. There is no information about the quantity of this medication provided, nor any of the "4 As" used to assess a patient on opioid therapy. There is no evidence that the medication is medically necessary, and therefore this request is not medically necessary.