

Case Number:	CM14-0182436		
Date Assigned:	11/07/2014	Date of Injury:	04/17/2009
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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:

According to the records made available for review, this is a 49-year-old male with a 4/17/09 date of injury. At the time (9/22/14) of request for authorization for Ambien 10mg, #30 with 1 refill and Prilosec 20mg, #60 with 1 refill, there is documentation of subjective (neck and low back pain) and objective (tenderness to palpitation over the paracervical muscles and the superior trapezius muscles on the right, decreased range of motion of the cervical spine, paravertebral muscle spasms, tenderness to palpitation over the paravertebral muscles and the left posterior superior iliac spine, and decreased range of motion of the lumbosacral spine) findings, current diagnoses (cervical spine sprain/strain, status post lumbar spine surgery, and low back pain with radicular symptoms to the left lower extremity), and treatment to date (physical therapy, chiropractic manipulations, acupuncture, and medications (including ongoing treatment with Ambien and Prilosec since at least 1/13/14)). Regarding Ambien 10mg #30, there is no documentation of Insomina, Ambien used as short-term (usually two to six weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Regarding Prilosec 20mg, #60, there is no documentation of a risk for gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, status post lumbar spine surgery, and low back pain with radicular symptoms to the left lower extremity. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescription for Ambien since at least 1/13/14, there is no documentation of short-term (less than two to six weeks) treatment. Furthermore, given documentation of ongoing treatment with Ambien, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on based on guidelines and a review of the evidence, the Ambien 10mg, #30 with 1 refill is not medically necessary.

Prilosec 20mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, status post lumbar spine surgery, and low back pain with radicular symptoms to the left lower extremity. In addition, there is documentation of ongoing treatment with Prilosec.

However, there is no documentation of a risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg, #60 with 1 refill is not medically necessary.