

<b>Case Number:</b>	CM14-0043186		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 and North Carolina. 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 36 year-old male employee claims an injury on 4/20/11, when he fell from a telephone pole. He now has low back pain radiating to both legs. He also has neck pain radiating to both upper extremities. He is requesting an appeal of the denial of Ambien, Norco and Omeprazole, issued 3/19/14. He is status post left transforaminal epidural steroid injection, which he feels has helped his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, INTERGRATED TREATMENT/DISABILITY DURATION GUIDELINES, STRESS AND MENTAL ILLNESS CHAPTER.

**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 Ambien is only indicated for short-term treatment of insomnia, 7-10 days. This preparation is indicated for difficulty with sleep initiation. There is no description of

whether sleep initiation or maintenance (or both) is being treated. There are several months' prescribed. It is not indicated for long-term management, and hence the request is denied.

**NORCO 10/325MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 78-80.

**Decision rationale:** This patient has been on chronic hydrocodone. Per MTUS guidelines, opioids are to be continued when a patient has returned to work, and when demonstrated improved function and pain. The patient has not met these criteria with his use of hydrocodone. The denial is supported, and weaning recommended.

**OMEPRAZOLE DR 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS AND GASTROINTESTINAL SYMPTOMS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** January 2013 note states that GI review of systems is negative for complaints. There is no NSAID prescribed. A PPI is indicated with certain risks, such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. None of these apply in this patient. The request for omeprazole is denied.