MAXIMUS Federal Services

| Case Number: | CM14-0046168 | | |
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| Date Assigned: | 07/02/2014 | Date of Injury: | 12/06/2011 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

## 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. The applicant has had, additionally, been given permanent work restrictions through an Agreed Medication Evaluation. In a Utilization Review Report dated March 14, 2014, the claims administrator approved a request for Ibuprofen and Tramadol while denying request for Omeprazole, Tramadol, and Zolpidem. The applicant's attorney subsequently appealed. A March 3, 2014 progress note is notable for comments that the applicant reported 3/10 pain with medications and 9/10 pain without medications. The applicant was reportedly working on a part time basis, three to four hours a day, and five days a week. Neck, shoulder, and mid back pain were noted. The applicant was given prescriptions for Ibuprofen, Omeprazole, Tramadol, and Ambien. Ambien or Zolpidem was being employed for nighttime use, it was stated. Omeprazole was being endorsed for gastric protective purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, state that applicants who are at a heightened risk for gastrointestinal events include those applicants who are 65 years of age or greater, have a history of peptic ulcer disease and/or GI bleeding, are concurrently using multiple NSAIDs, and/or are concurrently using NSAIDs in conjunction with corticosteroids. In this case, the applicant is 57 years old (less than 65). In this case, the applicant is only using one NSAID, ibuprofen. The applicant was only using one NSAID, ibuprofen chronically. The applicant was not using any corticosteroids. There are no historical issues with GI bleeding and/or peptic ulcer disease which would support prophylactic provision of Omeprazole. Therefore, the request for Omeprazole 20 mg, quantity 60 is not medically necessary and appropriate.

**Tramadol 50 mg, QTY 200:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects; GI symptoms & cardiovascular risk Page(s): 68-70. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant reports 9/10 pain without medications and 3/10 pain with medications. The applicant has successfully returned to work, admittedly on a part-time basis. Continuing tramadol, then, is indicated. Accordingly, the request is medically necessary.

**Zolpidem 50 mg, quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects; GI symptoms & cardiovascular risk Page(s): 68-70. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Drug label.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do state that an attending provider using a drug for non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) notes that Ambien or zolpidem is indicated only in the short-term management of insomnia, for up to 35 days. Ambien, thus, is not indicated for the chronic, long-term, and/or scheduled use purpose for which it is being proposed here. No medical evidence for a variance from the FDA guidelines is provided. Therefore, the request for Zolpidem 50 mg, quantity 60 is not medically necessary and appropriate.