

<b>Case Number:</b>	CM14-0055867		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma.. 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 injured worker is a 53-year-old male who reported an injury on 03/22/2002. The mechanism of injury was boxes weighing several hundred pounds fell off a forklift and landed on the injured worker's back, knocking him to the ground. Prior therapies included physical therapy and trigger point injections. The injured worker's medication history included Ambien and proton-pump inhibitors (PPIs) since at least early 10/2013. There was no DWC Form, RFA or primary treating physician's progress report (PR-2) submitted for the specified medications so the date of request could not be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 Mg, 1 Tablet By Mouth At Bedtime, #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 Official disability guidelines ,pain -Zolpidem.

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

**Decision rationale:** The Official Disability Guidelines indicate that Ambien is utilized for short term treatment of insomnia for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 10/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the necessity for 1 refill without re-evaluation. Given the above, the request is not medically necessary.

**Prilosec 20 Mg, 1 Tablet By Mouth Two Times A Day, #60 With 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug (NSAID) therapy. There was no documentation indicating the efficacy of the requested medication as it was indicated. The injured worker had utilized the medication since at least 10/2013. There was a lack of documentation of a necessity for a refill without re-evaluation. Given the above, the request is not medically necessary.