

Case Number:	CM14-0063680		
Date Assigned:	07/11/2014	Date of Injury:	04/23/2013
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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, 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 57 year old male with a reported date of injury on 04/23/2013. The mechanism of injury was stepping down onto the dock plate. The injured worker's diagnoses included status post arthroscopic partial meniscectomy of the right knee, right hip impingement syndrome, traumatic synovitis of the left knee, and osteoarthritis of the right hip and knee. The injured worker's past treatments included medication and physical therapy. The injured worker's previous diagnostic studies included an MRI of the right hip dated 02/10/2014, a right knee MRI on 2/11/2014, and computerized range of motion testing was completed on 01/21/2014. The injured worker's surgical history included an arthroscopic partial meniscectomy of the right knee. On 04/15/2014 the injured worker was evaluated for severe hip and knee pain. The clinician observed and reported weakness with an antalgic gait and reviewed MRI. Ambien was prescribed at this visit. The injured worker's medications included hydrocodone/acetaminophen 2.5/325mg, Anaprox DS 550 mg, Norflex 100 mg, Prilosec 20 mg, zanaflex, Ultram ER twice per day, and Ambien 10 mg. The requests were for Prilosec 20 mg #60 and Ambien 10mg (unspecified quantity). No rationale for these requests was provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg #60 is not medically necessary. The injured worker is 57 years old without documented gastrointestinal complaint. The California MTUS Chronic Pain Guidelines recommend the use of omeprazole (Prilosec) for patients who are at intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The criteria for determining intermediate risk for gastrointestinal events are age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. The injured worker is less than 65 years of age. There is no documentation of a history of peptic ulcers, gastrointestinal bleeding, or perforation. The injured worker was prescribed Anaprox DS 550 mg and no other NSAIDs, aspirin, anticoagulant, or corticosteroid. There is no evidence of any gastrointestinal symptoms within the documentation. As such, the injured worker is not at intermediate risk for gastrointestinal events. Additionally, no frequency of use or quantity to dispense were provided in the request. Therefore, the request for Prilosec 20mg #60 is not medically necessary.

Ambien 10mg (unspecified quantity): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The request Ambien 10mg (unspecified quantity) is not medically necessary. The documentation provided did not indicate any sleep related complaints by the injured worker. The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. The provided documentation did not indicate a diagnosis of insomnia. There is no documentation of any symptoms of insomnia, as well as the duration and severity of insomnia symptoms. Additionally, no frequency of use or quantity to dispense were included in the request. Therefore, the request Ambien 10mg (unspecified quantity) is not medically necessary.