

Case Number:	CM14-0096359		
Date Assigned:	07/28/2014	Date of Injury:	01/19/2009
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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 and is licensed to practice in Nevada. 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 60-year-old gentlemen who was reportedly injured on January 19, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of mid back pain, low back pain, hip pain, pelvic pain, and carpal tunnel symptoms. Current medications include Norco, Relafen, Ambien, Zolof, Flexeril and Prilosec. Norco was stated to reduce the injured employee's pain level from 7/10 to 3/10 and help him be more functional and carry out activities of daily living. The physical examination demonstrated an antalgic gait favoring the right lower extremity and tenderness along the lumbar spine. Diagnostic imaging studies of the lumbar spine revealed multilevel spondylosis and no evidence of a disc protrusion or stenosis. An x-ray of the right hip showed a stable posterior acetabular osteophyte and calcific tendinitis along with degenerative joint disease of the sacroiliac joint. An x-ray of the right wrist revealed an old on United ulnar styloid fracture and degenerative joint disease of the right radial ulnar joint. Treatment includes ***. A request had been made for Ambien and Prilosec and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Ambien 10mg #30 (DOS 5/1/2014): 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: According to the Official Disability Guidelines Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. The medical record indicates that the injured employee does have a history of insomnia. However there has been usage of Ambien for an extended period of time. As such, this request for Ambien is not medically necessary.

Retrospective Request: Prilosec 20mg #30 (DOS 5/1/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Prilosec is not medically necessary.