

Case Number:	CM14-0107131		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2004
Decision Date:	01/06/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family 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:

This is a 44 year old female patient who reported an industrial injury on 8/14/2004, over ten years ago, attributed to the performance of her usual and customary job tasks. The patient complained of distant lower back pain with radiation to the right lower extremity. The objective findings on examination included moderate distress; tenderness to palpation over the lumbar spine at L4-S1; moderate decreased range of motion to the lumbar spine due to pain. The patient was prescribed Ambien, gabapentin, MSContin, naproxen, Norco, Omeprazole, Robaxin, Compazine, and Trixaicin cream. The diagnoses included lumbar postlaminectomy syndrome, insomnia, failed back syndrome, lumbar radiculopathy, GERD, and chronic pain. The patient was being treated by pain management. The patient is being prescribed Omeprazole and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for medications that did not include NSAIDs at this time. The patient was prescribed Naproxen; however there are no documented GI issues attributable to the naproxen. The patient was noted to be prescribed Prilosec due to reported unspecified GI issues due to pain medicine. Prolonged use of proton pump inhibitors leads to osteoporosis and decreased Magnesium levels. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be taking NSAIDs, Naproxen, at the present time. There are no identified GI issues attributed to the prescribed NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Prilosec or Omeprazole 20 mg #60. There is no rationale provided to support the medical necessity of BID dosing. There is no documented functional improvement with the prescribed Omeprazole; therefore, this request is not medically necessary.

Zolpidem tab 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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--insomnia and Zolpidem, Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/ambien.html>.

Decision rationale: Zolpidem 10 mg #30 is recommended only for the short term treatment of insomnia for two to six weeks. The Zolpidem 10 mg has been prescribed to the patient for a prolonged period of time. The use of Zolpidem or any other sleeper has exceeded the ODG guidelines. The prescribing physician does not provide any rationale to support the medical necessity of Zolpidem for insomnia or documented any treatment of insomnia to date. The patient is being prescribed the Zolpidem for insomnia due to chronic pain. There is no provided subjective/ objective evidence to support the use of Zolpidem 10 mg over the available OTC

remedies. The patient has exceeded the recommended time period for the use of this short term sleep aide. There is no demonstrated functional improvement with the prescribed Zolpidem. There is no documentation of alternatives other than Zolpidem have provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. The CA MTUS and the ACOEM Guidelines are silent on the use of sleeping medications. The ODG does not recommend the use of benzodiazepines in the treatment of chronic pain. Zolpidem is not a true benzodiazepine; however retains some of the same side effects and is only recommended for occasional use and not for continuous nightly use. There is no medical necessity for the prescribed Zolpidem 10 mg #30; therefore this request is not medically necessary.