

Case Number:	CM14-0198786		
Date Assigned:	12/15/2014	Date of Injury:	09/14/2012
Decision Date:	01/21/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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:

This individual is a 45 years old female who has developed persistent ankle and low back problems subsequent to a slip and fall on 9/14/12. She has been diagnosed with chronic low back pain and chronic Achilles' tendonitis. Surgical intervention has been requested for the tendonitis. Her low back pain is reported to activity related. She has returned to light duties at work and utilizes Tramadol about 3 x's weekly when her pain flares up. Her use of Ambien and the specifics regarding her insomnia is not documented. There is no documentation of GI risk factors or GI distress associated with her use of NSAID's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60, prescribed 11/11/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is pain relief and functional benefits. It is clearly documented that she utilizes this only on an occasional bases and it is clearly documented that it assists her function i.e. she has returned to

work. Under these circumstances, the Tramadol is Guideline supported. Therefore, the request for Tramadol 50mg #60 is medically necessary.

Omeprazole 20mg #30, prescribed 11/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: MTUS Guidelines do not support the routine use of proton pump inhibitors (Omeprazole) with NSAID's unless there are specific risk factors and/or there are associated GI symptoms. None of these qualifying conditions are documented. These are not benign medications with long-term use associated with increased fractures, lung infections and mineral deregulation. The request for Omeprazole 20mg #30 is not medically necessary.

Zolpidem 10mg #30, prescribed 11/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and in the latest iteration hypnotic medications are recommended on a long-term basis under specific conditions. These conditions include a fairly detailed history of the characteristics of the insomnia and etiology of the insomnia. There is no detailed medical characterization of neither insomnia nor are there details regarding the frequency of use. Under these circumstances, the Ambien is not Guideline supported. Therefore, the request for Ambien 10mg #30 is not medically necessary.