

Case Number:	CM15-0002285		
Date Assigned:	02/05/2015	Date of Injury:	12/01/2005
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female injured worker who sustained an industrial injury on December 1, 2005. The mechanism of injury is unknown. The diagnoses have included bilateral wrist and forearm tendonitis, bilateral carpal tunnel syndrome, right lateral epicondylitis/right elbow tendonitis, bilateral shoulder strain, secondary depression and anxiety and gastrointestinal upset due to use of medication. Treatment to date has included surgery, diagnostic studies, Pil-O-Spint for the left hand, left elbow brace and medication. Currently, the injured worker complains of neck pain, bilateral wrist pain and right elbow pain. She also complained of bilateral shoulder and scapular area pain. The shoulder pain radiates to the arms and causes numbness in her hands. She reported difficulty sleeping due to pain and upset stomach due to medication use. On December 11, 2014, Utilization Review non-certified Ambien 10mg #30 and Prilosec/Omeprazole 20mg #60, noting the CA MTUS and Official Disability Guidelines. On January 6, 2015, the injured worker submitted an application for Independent Medical Review for review of Ambien 10mg #30 and Prilosec/Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 tab at bedtime for insomnia #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is a 55 year-old female. She has a past medical history of COPD and asthma. She is being treated for chronic upper extremity pain. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien was not medically necessary.

Prilosec/Omeprazole cap 20mg 1 cap PO daily #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is a 55 year-old female. She has a past medical history of COPD and asthma. Medications include Naprosyn. The requesting provider documents gastrointestinal upset due to non-steroidal anti-inflammatory medication use. She is being treated for chronic upper extremity pain. Guidelines recommend consideration of a proton pump inhibitor such as Prilosec for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Naprosyn at the recommended dose and has a history of gastrointestinal upset. Therefore the requested Prilosec (omeprazole) was medically necessary.