

Case Number:	CM15-0003774		
Date Assigned:	01/14/2015	Date of Injury:	04/28/2010
Decision Date:	03/09/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 56 year old female who sustained an industrial injury on April 28, 2010. She has reported increased neck pain as well as headaches, pain in both shoulders, down both upper extremities, and in her upper and lower back and has been diagnosed with status post left shoulder open rotator cuff repair, degenerative disc disease, cervical spine, spondylosis, spondylolisthesis, facet arthropathy, and bilateral carpal tunnel syndrome. Treatment to date included medical imaging, surgery, and medication. Currently the injured worker complains of gradual onset of pain in her neck/upper trapezial region and both shoulders. The treatment plan included medications. On December 18, 2014 Utilization Review non certified Ambien 10 mg # 30 refill 3 and prilosec Dr 20 mg # 30 refill 3 citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ambien 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 18th Edition, 2013, Pain, Insomnia

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

Decision rationale: The requested Ambien 10 mg # 30, 3 refills, is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has neck and shoulder pain. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10 mg # 30, 3 refills is not medically necessary.

Retro Prilosec DR 20mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories and GI Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, C.

Decision rationale: The requested Prilosec 20 mg # 30, 3 refills, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck and shoulder pain. The treating physician has not documented medication-induced GI complaints nor GI risk factors nor derived functional improvement from its use. The criteria noted above not having been met, the requested Prilosec 20 mg # 30, 3 refills, is not medically necessary.