

<b>Case Number:</b>	CM15-0004324		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 (IW) is a 47 year old female who sustained an industrial injury on 10/27/2008. She has reported pain and discomfort at the right hand and wrist and pain in the left knee. The diagnoses have included bilateral carpal tunnel syndrome, brachial neuritis or radiculitis right upper extremity and left shoulder impingement syndrome. Treatment to date has included occupational therapy, right carpal tunnel release, and treatment with a pain specialist. Electrodiagnostic studies of the upper and lower extremities showed a mild right median mononeuropathy of the wrist (carpal tunnel syndrome) and no evidence of upper extremity radiculopathy or plexopathy. Currently, the IW complains of pain in the left hand and left shoulder. Objectively there is a positive Tinels sign and decreased range of motion. On 12/31/2014 Utilization Review non-certified a request for Ambien 10mg #30 noting that Ambien is recommended for short term use in treating insomnia with difficulty of sleep onset. The guidelines state that the specific components of insomnia should be addressed. The documentation submitted for review did not provide any evidence that the IW was having difficulty falling asleep and there was no documentation of insomnia symptoms noted. Non MTUS, ACOEM Guidelines, of Official Disability Guidelines were cited. On 12/31/2014 Utilization Review non-certified a request for Prilosec 20mg #60, noting the documentation for review did not give any evidence of adverse side effects related to the use of non-steroidal anti-inflammatories. MTUS Guidelines Chronic Pain was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of the non-certified items.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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 Pain(Chronic)

**Decision rationale:** There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Ambien chronically at least since for almost a year. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. There is no documentation of the actual sleep problem the patient has. The number of tablets is not consistent with short term use of Ambien. The chronic use of Ambien is not medically appropriate and is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS Guidelines, PPIs may be recommended in patients on NSAID therapy with dyspepsia or high risk for GI bleeds. Patient has approved prescription for motrin. There are no dyspepsia complaints. Pt has no increased risk of GI bleed. Prilosec/Omeprazole is not medically necessary.