

<b>Case Number:</b>	CM15-0005648		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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:

This injured worker is a 71 year old male, who sustained an industrial injury on May 1, 2006. Mechanism of injury was not provided. The diagnoses have included angina pectoris, status post myocardial infarction, coronary atherosclerosis, hyperlipidemia and hypertension. Treatment to date has included medications, an echocardiogram, a cardiac cauterization with stenting, chest pain and chronic back pain. Current documentation dated November 20, 2014 notes that the injured worker reported angina and insomnia. Physical examination revealed no neurological findings. The plan of treatment was to continue with medications and to have a follow-up appointment with cardiology to have a stress test performed. On December 12, 2014 Utilization Review non-certified requests for Famoridine 230 mg # 390, Tamsulosin 0.4 mg # 360 and Ambien 10 mg # 360. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On January 26, 2015, the injured worker submitted an application for IMR for review of Famoridine 230 mg # 390, Tamsulosin 0.4 mg # 360 and Ambien 10 mg # 360.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Famotidine 20mg a day quantity 390.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors.

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

**Decision rationale:** The requested Famotidine 20mg a day quantity 390.00, 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 angina and insomnia. The treating physician has documented diagnoses of angina pectoris, status post myocardial infarction, coronary atherosclerosis, hyperlipidemia and hypertension. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Famotidine 20mg a day quantity 390.00 is not medically necessary.

**Tamusalosin 0.4 mg a day quantity 360.00:** 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 [www.drugs.com/tamsulosin.html](http://www.drugs.com/tamsulosin.html)

**Decision rationale:** The requested Tamusalosin 0.4 mg a day quantity 360.00, is not medically necessary. CA MTUS and ODG are silent. [www.drugs.com/tamsulosin.html](http://www.drugs.com/tamsulosin.html) noted that this alpha blocker medication is recommended for the treatment of prostatic hypertrophy. The injured worker has angina and insomnia. The treating physician has documented diagnoses of angina pectoris, status post myocardial infarction, coronary atherosclerosis, hyperlipidemia and hypertension. The treating physician has not documented prostatic hypertrophy, PSA levels of functional improvement. The criteria noted above not having been met, Tamusalosin 0.4 mg a day quantity 360.00 is not medically necessary.

**Ambien 10mg at bedtime quantity 360.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The requested Ambien 10mg at bedtime quantity 360.00, is not medically necessary. CA MTUS and ODG are silent. 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 angina and insomnia. The treating physician has documented diagnoses of angina pectoris, status post myocardial infarction, coronary atherosclerosis, hyperlipidemia and hypertension. 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 10mg at bedtime quantity 360.00 is not medically necessary.