

<b>Case Number:</b>	CM15-0102340		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 27 year old male, who sustained an industrial injury on 8/4/2014. He reported right shoulder pain. The injured worker was diagnosed as having cervical sprain, right shoulder sprain, right elbow sprain, history of smoke inhalation, insomnia, post-traumatic stress disorder, anxiety and stress, and history of dizziness. Treatment to date has included medications, and physical therapy. The request is for Ambien, Prilosec, and Meclizine. On 2/9/2015, he complained of right shoulder pain with radiation down the right elbow. He rated the pain 7/10. He also had neck pain rated 7/10 with radiating pain into the head. On 3/17/2015, he complained of continued right shoulder pain with radiation down to the right elbow. He rated the pain a 7-8/10. Physical examination of the right shoulder revealed tenderness on palpation and limited range of motion. He indicated Voltaren Gel was helpful in controlling the pain. He also reported continued neck pain, rated 7/10. He indicated that medications make him nauseous at times, and that he gets dizziness with headaches, and he has continued difficulty breathing. The cervical compression test and Spurling test are negative. Tenderness is noted in the AC joint and subscapularis space. The treatment plan included: Celexa, Voltaren gel, discontinuation of Fenoprofen, start Naproxen, continue Prilosec, magnetic resonance imaging of the right shoulder, home exercises, and psychologist referral. The medication list include Naproxen, Voltaren gel, Flexeril, Citalopram /Celexa. Patient has received an unspecified number of PT visits for this injury. The patient has had difficulty in attention and concentration, no suicidal ideation, and patient was alert, co operative and oriented. The psychological and behavioral evaluation on 12/30/14 revealed patient had complaints of headache, dizziness, anxiety,

nightmares, depression and insomnia. On review of system on 1/20/15 patient had no constipation or heart burn. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ambien 5mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (online version), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/15/15) Zolpidem Zolpidem is a short-acting nonbenzodiazepine hypnotic.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker was diagnosed as having cervical sprain, right shoulder sprain, right elbow sprain, history of smoke inhalation, insomnia, post-traumatic stress disorder, anxiety and stress, and history of dizziness. On 2/9/2015, he complained of right shoulder pain with radiation down the right elbow. He also had neck pain with radiating pain into the head. On 3/17/2015, he complained of continued right shoulder pain with radiation down to the right elbow. Physical examination of the right shoulder revealed tenderness on palpation and limited range of motion. Tenderness is noted in the AC joint and subscapularis space. The patient has had difficulty in attention and concentration. The psychological and behavioral evaluation on 12/30/14 revealed patient had complaints of headache, dizziness, anxiety, nightmares, depression and insomnia. The insomnia and lack of sleep may be contributing to other symptoms such as headaches, dizziness, anxiety, difficulty with attention and concentration. It has been prescribed in a small dose for a short period of time, without refills. Short term use of Ambien 5mg #30 is medically appropriate and necessary to manage the current insomnia. However long term use is not indicated. The request for Ambien 5mg #30 is medically necessary and appropriate for this patient at this time.

#### **Meclizine 25mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.ncbi.nlm.nih.gov/pubmedhealth/pmht0011054>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex-FDA Labeled indications; Drug-Meclizine.

**Decision rationale:** Meclizine is used to treat or prevent nausea, vomiting, and dizziness caused by motion sickness. MTUS guideline does not specifically address this issue. Hence Thompson Micromedex used Thompson Micromedex-FDA Labeled indications; Drug-Meclizine. Include motion sickness and vertigo. Patient has nausea after taking medicines and has dizziness with headaches. The request for Meclizine 25mg #30 is medically necessary and appropriate for this patient.

**Prilosec 20mg #60:** Overturned

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

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

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events", "patients at high risk for gastrointestinal events", "treatment of dyspepsia secondary to NSAID therapy". Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". The patient has had nausea with medications and also he is taking naproxen. Therefore there are significant GI symptoms, along with NSAID use. The request for Prilosec 20mg #60 is medically necessary and appropriate for this patient.