

Case Number:	CM15-0108767		
Date Assigned:	06/19/2015	Date of Injury:	06/02/1998
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 60-year-old female, who sustained an industrial injury on 06/02/1998. The injured worker is currently diagnosed as having myalgia/myositis, pain in limb, muscle weakness, pain in shoulder joint, pain in lower leg joint, insomnia, and cervicgia. Treatment and diagnostics to date has included neck surgery, physical therapy which was helpful, and medications. In a progress note dated 04/29/2015, the injured worker presented with complaints of neck and shoulder pain. Objective findings were unremarkable. The treating physician reported requesting authorization for Zolpidem and Duexis, which was started for the prevention of stomach ulcers and bleeding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tab 5mg day supply: 30 quantity: 30 refills: 2: 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 ODG online, Pain, Zolpidem.

Decision rationale: The patient presents with pain affecting the neck and shoulder. The current request is for Zolpidem tab 5mg day supply: 30 quantity: 30 refills: 2. The treating physician report dated 4/29/15 (24C) states, "Ambien 5 mg tablet take 1 tablet oral qhs (every night) for 30 days." A report dated 4/10/15 (26C) states, "Pt reports that she has been sleeping very little." The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the medical records provided indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting that the patient take 5mg every night for 90 days. The ODG Guidelines do not recommend long-term use of this medication. The current request is not medically necessary.

Duexis tab 800-26. 6 day supply: 30 quantity: 90 refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the neck and shoulder. The current request is for Duexis tab 800-26. 6 day supply: 30 quantity: 90 refills: 2. The treating physician report dated 4/29/15 (24C) states, "Duexis started due to prevention of stomach ulcers and bleeding." The MTUS and ACOEM Guidelines do not address Duexis; however, ODG Guidelines states, "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis." The MTUS guidelines also do not recommend the routine use of PPI's for prophylactic use without a proper GI risk assessment. The medical reports provided for review do not show any GI risk assessment or documentation of dyspepsia. Furthermore, first line treatment with Duexis is also not recommended. The request is not medically necessary.