

<b>Case Number:</b>	CM15-0139308		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on August 22, 2008, incurred neck, lower back and left shoulder injuries from repetitive work actions. She was diagnosed with cervical disc disease, left shoulder tear, and lumbar disc disease. Treatments included pain medications, proton pump inhibitor, anti-inflammatory drugs, muscle relaxants and antidepressants. She underwent left carpal tunnel release surgery and a right labral tear repair in 2010. Currently, the injured worker complained of increased pain in her neck, left shoulder and lower back. She rated her pain with medications as 6 out of 10 and without medications 9 out of 10. She had difficulty sleeping secondary to her chronic pain. She noted better movement for activities of daily living when taking her prescribed medications for pain. The treatment plan that was requested for authorization included prescriptions for Trazodone and Omeprazole DR (delayed release).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100 mg tablet Qty 60, take 1-2 at bedtime as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazodone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 100 mg #60 1 to 2 tablets at bedtime as needed is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical degenerative disc; lumbar degenerative disc; and left shoulder tear. Date of injury is August 22, 2008. Request for authorization is dated July 2, 2015. According to a December 8, 2014 progress note, the injured worker reported a history of poor sleep after being taken off Ambien (zolpidem). The documentation does not indicate trazodone was prescribed at that time. Additional medications include omeprazole, methadone, Norco and baclofen. Zolpidem (Ambien) appeared in all subsequent progress notes through July 2, 2015. Pain score is 7/10. Subjectively, the injured worker complains of neck pain, low back pain in shoulder pain. The body of the report states trazodone was increased to 100 mg one tablet at bedtime for sleep. The documentation does not demonstrate objective functional improvement with respect to improve sleep. The treatment plan however indicates trazodone was stopped due to limited efficacy. The review of systems indicates the injured worker has depression. Based on the clinical information in the medical record, P review evidence-based guidelines and documentation indicating trazodone was stopped due to limited efficacy, Trazodone 100 mg #60 1 to 2 tablets at bedtime as needed is not medically necessary.

**Omeprazole DR (delayed release) 20 mg capsule Qty 30, take 1 daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole DR 20 mg #30, take 1 tablet PO daily is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical degenerative disc; lumbar degenerative disc; and left shoulder tear. Date of injury is August 22, 2008. Request for authorization is dated July 2, 2015. According to a December 8, 2014 progress note, the injured

worker reported a history of poor sleep after being taken off Ambien (zolpidem). The documentation does not indicate trazodone was prescribed at that time. Additional medications include Omeprazole, methadone, Norco and baclofen. There is no documentation of non-steroidal anti-inflammatory drug use. There are no comorbid conditions or risk factors for gastrointestinal events. There is no clinical indication for Omeprazole in the medical record. According to the most recent progress note dated July 2, 2015, the injured worker subjectively complained of ongoing neck pain, low back and shoulder pain. There was no discussion regarding proton pump inhibitor objective functional improvement. There was no clear-cut clinical rationale for omeprazole. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with co-morbid conditions or risk factors for gastrointestinal events and no clinical indication or rationale for Omeprazole, Omeprazole DR 20 mg #30, Take 1 tablet PO daily is not medically necessary.