MAXIMUS Federal Services

Case Number:	CM15-0145111		
Date Assigned:	08/06/2015	Date of Injury:	03/13/1996
Decision Date:	09/29/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic shoulder pain, myalgias and myositis of various body parts, chronic ankle pain, chronic knee pain, and chronic low back pain, reportedly associated with an industrial injury of March 13, 1996. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for Omeprazole and Zaleplon (Sonata) apparently prescribed and/or dispensed on or around April 3, 2015.The applicant's attorney subsequently appealed. On April 3, 2015, the applicant reported multifocal complaints of total body pain, fatigue, shoulder pain, knee pain, foot pain, and low back pain with derivative complaints of insomnia. A topical compounded medication, oral Diclofenac, and Zaleplon (Sonata) were endorsed. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date. The applicant was placed off of work, on total temporary disability. It did appear that Prilosec had been prescribed although it was not stated for what diagnosis Prilosec had been endorsed. On February 20, 2015, the applicant again reported multifocal myalgias and arthralgias, including hip pain, knee pain, mid back pain, and low back pain. The applicant was asked to continue topical compounds, Prilosec, glucosamine, Prozac, and oral Diclofenac while remaining off of work, on total temporary disability. Once again, no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review Omeprazole 20 MG #60 with 2 Refills (180 Tabs) DOS 4/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs.

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

Decision rationale: No, the request for Omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, the April 3, 2015 progress note at issue made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Retro Zaleplon 10 MG with 2 Refills DOS 4/3/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata®).

Decision rationale: Similarly, the request for Zaleplon (Sonata), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While ODGs Mental Illness and Stress Chapter Insomnia Treatment topic does acknowledge that Zaleplon or Sonata is recommended for short-term use purposes, with a controlled trial showing effectiveness up to five weeks, here, however, the request for what was characterized as a three-month supply of Sonata (Zaleplon), thus, in effect, represented treatment in excess of ODG parameters. The attending provider failed to furnish a clear or compelling rationale for such a protracted course of Zaleplon in the face of the ODG position espousing short-term usage of the same. Therefore, the request was not medically necessary.