

Case Number:	CM15-0148613		
Date Assigned:	08/11/2015	Date of Injury:	05/13/2011
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/30/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 38-year-old male who sustained an industrial injury on 5/13/11. Injury occurred then he was cutting grass with a large lawn mower, and the mower began to spin, knocking him onto concrete. Past surgical history was positive for left knee arthroscopic meniscectomy on 6/14/12 and additional left knee surgery on 3/26/13. Conservative treatment included physical therapy, hinged knee brace, and medications. The 7/2/14 electrodiagnostic study showed bilateral L5 radiculopathy. The 5/12/15 treating physician report cited complaints of residual left knee pain. It was noted that the injured worker had seen the spine surgery and was scheduled to undergo a lumbar MRI next week, and then follow-up with the surgeon. There were no gastrointestinal complaints. Physical exam documented a left lower extremity antalgic gait with use of a cane, bilateral about the bilateral paralumbar muscles, moderate loss of lumbar range of motion, and positive bilateral straight leg raise. There was 4/5 left quadriceps weakness. There was normal lower extremity sensation and symmetrical deep tendon reflexes. The diagnosis was chronic lumbar pain with radiculopathy and disc protrusion, and symptomatic chondromalacia and medial meniscus tear left knee. The treatment plan recommended Ambien 10mg #60, Omeprazole 20mg #60, and follow-up with spine surgeon. The 5/14/15 lumbar spine MRI documented reduced disc space and signal at L4/5 with mildly reduced central canal, and a 3 mm disc protrusion indenting the thecal sac. At L5/S1, there was loss of disc space signal, right foraminal stenosis, and a 3-4 mm right sided disc herniation touching and posteriorly displacing the proximal right S1 root. Authorization was requested for Ambien 10mg #60, Omeprazole 20mg #60, and follow-up with spine surgeon. The 7/9/15 utilization review certified a request for

Motrin 600 mg #60. The request for Ambien 10 mg #60 was non-certified as there were no subjective complaints of sleep difficulty, diagnosis of insomnia, or rationale for a sleep aid. The request for omeprazole 20 mg #60 was non-certified as there was no documentation that the injured worker had any increased risk factors for gastrointestinal side effects to NSAIDs. The request for follow-up with a spine surgeon was non-certified, as the injured worker had seen a spine surgeon with no report available or indication that surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia treatment. Decision based on Non-MTUS Citation <http://www.odg-twc.com/:odgtwc/pain.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien®).

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to zolpidem or insomnia treatment. The Official Disability Guidelines recommend the use of zolpidem as first-line medication for the short-term (7-10 days) treatment of insomnia. Guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality and next-day functioning. Guideline criteria have not been met. There is no documentation of sleep difficulty or components of insomnia. Guidelines do not support use beyond 10 days, and this requested quantity exceeds the recommended duration of use. Therefore, this request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

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

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID

(e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria for intermediate gastrointestinal risk factors have not been met. There is no evidence of a history of gastrointestinal disease or symptoms. The injured worker is not prescribed high-dose NSAIDs. The patient does not meet age criteria. There is no rationale presented to support the use of omeprazole for this injured worker. Therefore, this request is not medically necessary.

Follow up with spine surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition pages 288, 305-306 surgical referral.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines do not specifically address follow-up surgical consults. The ACOEM guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Records indicate that this injured worker underwent an initial spine surgery consult. A lumbar MRI was recommended and has been completed. Follow-up with the spine surgeon to review imaging and assist in treatment planning is consistent with guidelines. Therefore, this request is medically necessary.