

<b>Case Number:</b>	CM15-0162088		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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

Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on 4-5-2007. The mechanism of injury is injury from falling down a set of stairs. The current diagnoses are lumbar discogenic disease, lumbar facet disease bilaterally, and bilateral calf pain with no underlying medical etiology. According to the progress report dated 7-22-2015, the injured worker complains of significant lumbar pain at L4-5 and L5-S1. The level of pain is not rated. The physical examination was documented as "unchanged". The current medications are Hydrocodone, Omeprazole, Gabapentin, Naproxen, and Cyclobenzaprine. Urine drug screen from 1-8-2014 was consistent with prescribed medications. There is documentation of ongoing treatment with Omeprazole since at least 3-16-2015. Treatment to date has included medication management, deep tissue massage (very helpful), and MRI studies. MRI of the lumbar spine shows bulging disk at L3-4, L4-5, and L5-S1 as well as bilateral facet disease at L3-4, L4-5, and L5-S1. Work status is described as working regular duty with the following restrictions: No lifting more than 20 pounds. A request for omeprazole and Zaleplon has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on naproxen but there is no dyspepsia complaints. Patient is not high risk for GI bleeding. Patient does not meet indications for recommendation. This prescription is also problematic. It merely states #1, which is unclear if this means 1 prescription, 1 tablet or 1 refill. This is an incomplete prescription and is therefore invalid. Prilosec/Omeprazole is not medically necessary.

**Zaleplon 10 mg #1:** 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 Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines Zaleplon (Sonata) is a non-benzodiazepine sedative hypnotic used for insomnia. It is recommended for short term use only. Guidelines recommend treating underlying cause of insomnia first before attempting pharmacologic therapy. This prescription is also problematic. It merely states #1, which is unclear if this means 1 prescription, 1 tablet or 1 refill. This is an incomplete prescription and is therefore invalid. Zaleplon is not medically necessary.