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| Case Number: | CM15-0021174 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 02/24/1994 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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: New Jersey
Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on February 24, 1994. She has reported injury to her lower back. The diagnoses have included lumbar degenerative disc disease, failed back surgery syndrome, cervical degenerative disc disease, bilateral lumbar radiculopathy and insomnia secondary to pain. Treatment to date has included a successful intrathecal Morphine trial and medications. Currently, the injured worker complains of ongoing pain and depression. She complains of increased numbness and tingling of the bilateral lower extremities and increased difficulty with walking. On January 28, 2015, Utilization Review non-certified Prilosec 40mg #30 three refills and Ambien 10mg #30 no refills, noting the CA MTUS/ACOEM and Official Disability Guidelines. On February 4, 2015, the injured worker submitted an application for Independent Medical Review for review of Prilosec 40mg #30 three refills and Ambien 10mg #30 no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40 mg, 1 capsule daily Qty: 30 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 94. Decision based on Non-MTUS Citation ODG Guidelines

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence presented to suggest she was a candidate for daily Prilosec therapy, without documented risk factors which would have placed her into the intermediate or high risk for gastrointestinal events. On the contrary, the notes exhibited a history of osteoporosis. Proton pump inhibitors increase the risk of osteoporosis and would be contraindicated in someone with osteoporosis. Therefore, considering the above reasons, the Prilosec appears inappropriate and medically unnecessary.

Ambien 10 mg Take 1 po QHS no refills Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter on Pain Zolpidem (Ambien)

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 section, sedative hypnotics and the Pain section, Ambien and insomnia treatment section

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was insufficient evidence to consider her as an exception to the Guidelines, and therefore, the continued chronic use of Ambien, as requested, will be considered medically unnecessary.