

<b>Case Number:</b>	CM15-0022359		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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 60 year old female, who sustained an industrial injury on 3/31/2005. She has reported right shoulder, neck, arm and fingers associated with numbness, tingling, and weakness. The diagnoses have included left shoulder chronic impingement, status post left shoulder arthroscopy 2012, partial biceps tendon tear, status post debridement, left carpal tunnel syndrome, status post left carpal tunnel release 2012, right carpal tunnel release 2011, complex regional pain syndrome affecting left upper extremity, right shoulder manipulation under anesthesia with debridement and decompression 2013, and chronic neck pain. Treatment to date has included activity modification, ice/heat, wears a brace, and home exercises. Agreed medical evaluator examination dated 6/2/14 notes a diagnosis of gastroesophageal reflux disease. Currently, the injured worker complains of right shoulder pain, radiated to neck, hand and fingers associated with weakness, numbness, tingling, popping, grinding, stabbing pain and giving way. The pain was rated 6/10. On 2/20/15, physical examination documented tenderness to bilateral shoulder and elbows, including clavicle tenderness. Plan of care included continuation of medications, possible repeated electrodiagnostic studies, review of psychiatrist evaluation and evaluation for fibromyalgia. The injured worker is reporting improvement with medications. On 2/3/2015 Utilization Review non-certified Aciphex 25mg #30 with one refill, Ambien 10mg #30 with one refill, and Naproxen 550mg #60 with one refill, noting the documentation did not support long term use of the requested treatments. The MTUS Guidelines were cited. On 2/6/2015, the injured worker submitted an application for IMR for review of

Aciphex 25mg #30 with one refill, Ambien 10mg #30 with one refill, and Naproxen 550mg #60 with one refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aciphex 25MG #30 with 1 Refill:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors are indicated for those who are at high risk for gastrointestinal events. In this case, the injured worker has a diagnosis of gastroesophageal reflux disease and is also being prescribed oral non-steroidal anti-inflammatory medications and as such a proton pump inhibitor would be supported. However, according to ODG, Aciphex should be second-line. ODG notes that a trial of omeprazole or lansoprazole is recommended before second line proton pump inhibitor such as Aciphex. The medical records do not establish that injured worker has failed first line proton pump inhibitors. The request for Aciphex 25MG #30 with 1 Refill is not medically necessary.

**Ambien 10MG #30 with 1 Refill:** 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) Pain Zolpidem.

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

**Decision rationale:** According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. In this case, the medical records indicate that Ambien has been prescribed to this injured worker for an extended period of time, and as such, the ongoing use of Ambien is not supported. The request for Ambien 10 mg #30 with one refill is not medically necessary.

**Naproxen 550MG #60 Refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen Page(s): 21-22; 72.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the injured worker is followed for chronic pain and is reporting benefit with the use of oral non-steroidal anti-inflammatory medications. The request for Naproxen 550 mg #60 one refill is medically necessary to address the inflammatory component of this patient's chronic pain syndrome.