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| <b>Case Number:</b>   | CM15-0023161 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 05/17/2011 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 01/08/2015 |
| <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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female who reported an injury on 05/17/2011. The mechanism of injury was unspecified. Her diagnoses include C5-6 disc protrusion, thoracolumbar strain, bilateral shoulder impingement syndrome with acromioclavicular joint pain, bilateral tennis elbow and radial tunnel syndrome, bilateral wrist strain, insomnia, and gastrointestinal problems. Her past treatments were noted to include medications, work modifications, and occupational therapy. On 12/05/2014, the injured worker complained of left neck pain, bilateral shoulder pain, bilateral elbows, bilateral hands and wrists with pins and needles sensation in the hands. She rated her pain at a 7/10 and 8/10 in the shoulders. The injured worker was indicated to be taking omeprazole, hydrocodone, and Ambien, indicating that the medications were helpful. The treatment plan included Ambien and Prilosec. A rationale was not provided. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ambien 10 Mg With 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for 30 Ambien 10 mg with 3 refills is not medically necessary. The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also state this medication should be limited to 4 weeks of use. The injured worker was indicated to have been on Ambien for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had insomnia. Furthermore, the guidelines do not recommend the use of benzodiazepines due to unproven long term efficacy and the risk of dependence. Furthermore, the guidelines do not indicate the use of benzodiazepines for more than 4 weeks. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Prescription Of Prilosec 20 Mg With 3 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing house.

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

**Decision rationale:** According to the California MTUS Guidelines, an assessment is needed for patients at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been on Prilosec for an unspecified duration of time. However, there is a lack of documentation to indicate a current gastrointestinal assessment. In addition, there was a lack of documentation to indicate the injured worker had dyspepsia secondary to NSAID therapy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.