

Case Number:	CM15-0080620		
Date Assigned:	05/01/2015	Date of Injury:	04/12/2008
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 49 year old male, who sustained an industrial injury on 4/12/2008. Diagnoses include right knee pain, chronic left knee pain, bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, left sacroiliac pain, left knee pain, status post left knee surgery, L5-S1 disc protrusion, mild degenerative disc disease L5-S1, disc protrusion L5-S1, lumbar stenosis, mild degenerative disc disease L5-S1, lumbar facet joint arthropathy, lumbar sprain/strain, status post left ankle surgery, left ankle derangement and psyche. Treatment to date has included diagnostics, surgical intervention (ankle surgery in 2009 and 2010 and left knee in 2009), left sacroiliac joint injection with radiofrequency ablation, and medications. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker reported low back pain radiating into the left buttock, left lateral thigh and left lateral calf. Physical examination revealed lumbar and left ankle ranges of motion were restricted by pain in all directions. There was tenderness to palpation of the left ankle, right knee and lumbar paraspinal muscles overlying the L1-L4 region. There was tenderness to palpation of the left buttock and left sacroiliac joint and the left and right knees. The plan of care included medications and a sleep study. Authorization was requested for a sleep study on 3/11/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Polysomnography, pages 822-823.

Decision rationale: There is no specific documentation of what sleep disturbances the patient exhibits, only mentioning the patient is with continued chronic pain. ODG recommends Polysomnography after at least six months of an insomnia complaint (at least four nights a week); unresponsive to behavior intervention and sedative/sleep-promoting medications; and after psychiatric etiology has been excluded. Criteria for the Polysomnography include (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Criteria are not met. The Sleep study is not medically necessary and appropriate.

Prilosec 20 MG #30 with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20 MG #30 with No Refills is not medically necessary and appropriate.

Ambien 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien; ½), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10 MG #30 is not medically necessary and appropriate.