

Case Number:	CM14-0160377		
Date Assigned:	10/06/2014	Date of Injury:	10/13/1987
Decision Date:	11/07/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral hand pain reportedly associated with cumulative trauma at work between the dates October 13, 1987 through January 28, 2014. In a Utilization Review Report dated September 2, 2014, the claims administrator denied requests for omeprazole and zolpidem. The applicant's attorney subsequently appealed. In a September 29, 2014 consultation, the applicant reported multifocal neck, wrist, and hand complaints secondary to cumulative trauma at work. The applicant was a former firefighter, it was noted, prior to working at the police department. Twelve additional sessions of physical therapy were sought. The applicant was returned to regular duty work, it was stated at this point. In an August 27, 2014 progress note, the applicant was asked to obtain electrodiagnostic testing and MRI imaging of the cervical spine. In an August 12, 2014 progress note, it was stated that the applicant's pain levels were moderately reduced on medications including Celebrex, Robaxin, and Flexeril. The applicant reported that Ambien was ameliorating his sleep issues. The applicant was working regular duty, it was noted. The applicant was asked to continue Celebrex, aspirin, Robaxin, and Prilosec. A shot of ketorolac was given in the clinic setting. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using multiple NSAIDs are considered at heightened risk for gastrointestinal events and do qualify for prophylactic usage of proton pump inhibitors. In this case, the applicant is concurrently using aspirin and Celebrex, an NSAID. The applicant also received a shot of Toradol, another NSAID, on the date omeprazole was prescribed. Prophylactic usage of proton pump inhibitors is indicated, given the applicant's usage of multiple NSAIDs, including aspirin, Celebrex, and Toradol. Therefore, the request is medically necessary.

30 Zolpidem 10mg with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration, Zolpidem Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that zolpidem is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, it appears that the applicant has been using zolpidem (Ambien) for a span of several months. The attending provider's prescription, furthermore, was for zolpidem with multiple refills, again implying chronic, long-term, and scheduled usage which is incompatible with the FDA recommendation. Therefore, the request is not medically necessary.