

<b>Case Number:</b>	CM14-0095252		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 68-year-old female who reported an injury on 02/18/2004. The mechanism of injury was not provided for clinical review. The diagnoses included status post cervical fusion, right C6 radiculopathy, worsening right ulnar neuropathy, and solid cervical fusion. The previous treatments included medication and a TENS unit. Diagnostic testing included an MRI. Within the clinical note dated 04/09/2014, it was reported the injured worker complained of neck pain and some improvement noted. The injured worker complained of arm pain and right elbow pain along with ulnar nerve distribution. Upon the physical examination, the provider noted cervical spasm with painful and decreased range of motion. The provider noted the right wrist and hand revealed a negative Tinel's, Phalen's, and negative triggering. The injured worker had tenderness present at the CMC joint, right thumb. The provider requested omeprazole and Restoril. The provider requested omeprazole for prevention of ulcers and Restoril for sleep. The Request for Authorization was provided and submitted on 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg twice a day Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

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

**Decision rationale:** The request for omeprazole 20 mg twice a day #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include, over the age of 65, a history of peptic ulcer, gastrointestinal bleed or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleed and events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia, secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Restoril 30mg at bedtime Qty: 30.00:** Upheld

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

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

**Decision rationale:** The request for Restoril 30 mg at bedtime quantity 30 is not medically necessary. The California MTUS Guidelines do not recommend Restoril for long term use due to the long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of Restoril for 4 weeks. The injured worker has been utilizing the medication since at least 04/2014 which exceeds the guidelines recommendation of short term use of 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.