

Case Number:	CM14-0098299		
Date Assigned:	07/28/2014	Date of Injury:	09/13/2002
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 57 year old male injured on 09/13/02 when he fell off of a ladder approximately eight feet landing on to the ground resulting in immediate pain to the neck, let shoulder, mid and low back, left hip and left foot. Clinical note dated 06/12/14 indicated the injured worker presented complaining of right shoulder and low back pain status post decompression and fusion at L5 to S1 and right shoulder rotator cuff tear. Request for authorization for right shoulder surgery was previously denied. Physical examination of the right shoulder revealed 160 degrees abduction, 160 degrees flexion, positive shoulder impingement sign, and positive shoulder drop test. Physical examination of the low back revealed spasm, positive straight leg raise, and bilateral lower extremities strength 5/5. Medications included oxycontin, bupropion, ibuprofen, diazepam, Morphine sulfate (MS) Contin, Neurontin, and Percocet. The injured worker underwent gastric bypass enabling the lumbar fusion following a significant weight loss. Diagnoses included lumbar failed back syndrome, lumbar and cervical radiculopathy, and muscle spasm. The initial request for Ambien 20 milligrams quantity thirty and Prilosec 20 milligrams quantity sixty was noncertified on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 20mg #30: 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) 12th Edition WEB, 2014, pain, Insomnia Treatment

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

Decision rationale: As noted in the Official Disability Guidelines (ODG), Ambien is approved for the short term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long term use. Ambien can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. As such, the request cannot be recommended as medically necessary.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drug Page(s): 68-69.

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

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of nonsteroidal antiinflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. Additionally, the injured worker has undergone gastric bypass surgery placing the injured worker at greater risk for gastric irritation and discomfort. As such, the request is recommended as medically necessary.