MAXIMUS Federal Services

Case Number:	CM14-0214545		
Date Assigned:	01/07/2015	Date of Injury:	03/18/1999
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 61 year old man with a date of injury of 3/18/99. He was seen by his provider on 11/20/14 with complaints of bilateral shoulder pain. He rated his pain with medications as 4/10. He reported that his sleep quality was fair and that he was sleeping well with ambien CR. He reported no side effects and was taking his medications as prescribed. He denied abdominal pain, constipation and indigestion. His medications included Lidoderm patch, ambiem, naproxen, omeprazole, aspirin, simvastatin, atenolol, hydrochlorthiazide, Lipitor, allegra and fenofibrate. He denied night sweats, poor energy and poor sleep. His exam showed restricted cervical and lumbar range of motion and paravertebral hypertonicity and tenderness on both sides. Spurling's maneuver caused pain. Straight leg raise was negative. Shoulder movement was restricted and he had tenderness in the acromioclavicular joint and biceps groove and his right elbow was tender over the lateral epicondyle. His diagnoses were shoulder pain (both), cervical spondylosis and elbow pain (both). At issue in this report is the request for ambien and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy would be used prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects specific to ambien. The documentation does not support the medical necessity for Ambien. The request for Ambien CR 12.5mg is not medically necessary.

Omeprazole Dr 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2009. His medical course has included use of several medications including NSAIDs. He denied gastrointestinal symptoms. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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 (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Omeprazole. The request for Omeprazole is not medically necessary.