

Case Number:	CM14-0216177		
Date Assigned:	01/06/2015	Date of Injury:	10/01/2002
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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: 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 60-year-old male who reported an injury on 10/01/2002. The injury reportedly occurred after the injured worker received a flu injection. Previous conservative treatment includes physical therapy and medication management. The current diagnosis is myelitis and viral disease. The injured worker presented on 11/08/2014 with complaints of pain over multiple areas of the body, difficulty sleeping, and bouts of depression, stress, and anxiety. The current medication regimen includes omeprazole 20 mg, meclizine 12.5 mg, gabapentin 600 mg, Cymbalta 30 mg, ibuprofen 800 mg, levothyroxine 0.150 mg, and amitriptyline 10 mg. Upon examination there was 5/5 motor strength in the bilateral upper extremities, reduced sensation in the bilateral hands, restricted range of motion of the cervical spine, spasm in the paraspinal muscles of the cervical spine with tenderness to palpation, 2+ deep tendon reflexes, spasm and tenderness in the paralumbar musculature, reduced range of motion of the lumbar spine, reduced sensation in the bilateral feet, and 5/5 motor strength in the bilateral lower extremities. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. As such, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Zolpidiem Tartrate 10 mg #30: Upheld

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset. There was no documentation of a failure of nonpharmacologic treatment prior to the initiation of Ambien 10 mg. There is also no frequency listed in the request. As such, the request is not medically appropriate.