

Case Number:	CM15-0014172		
Date Assigned:	02/02/2015	Date of Injury:	11/04/2010
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained a work/ industrial injury as a forklift driver on 11/4/10 while lifting boxes. He has reported symptoms of sharp pain on the left side of his low back that radiated down the left leg to the toes. Prior medical history was not documented. The diagnoses have included disc protrusions at L3-4, L4-5 and L5-S1, lumbar instability s/p lumbar decompression 7/5/13, s/p lumbar fusion 9/12/12. The primary physician's progress report of 1/24/14 reported antalgic gait, the back being straight and symmetrical with a healed lumbar scar. The back was painful to palpation in the lumbosacral junction with pain over the left posterior superior iliac spine. Fingers were able to be flexed 24 inches from the ground and extend 15 inches. Extension and flexion was painful. Right lower extremities showed full range of motion at the hips, knees, and ankles. Straight leg raise was positive bilaterally at 70 degrees with low back pain. Muscle strength was 3/5 with dorsal flexion of the left foot and the left extensor hallucis longus. Medications included Ambien, Omeprazole and Gabapentin. A progress note on April 2014 indicated the claimant was unable to sleep but slept 7 hours at night. In August 2014, the claimant was noted to be sleeping better with Ambien. She had also been on Omeprazole for GI protection. There was no mention of GI bleeding, gastric ulcers, esophagitis, etc. A behavioral therapy note in December 2014 indicated there may be a sleep disorder secondary to a medical condition. Treatment to date has included medication, physical therapy, chiropractic care, psychiatric care, diagnostics, and durable medical equipment (one point cane). The physician requested resuming medications to include Ambien and Omeprazole. On 12/26/14, Utilization Review non-certified Ambien 10 mg, Omeprazole 20 mg, noting the

Official Disability Guidelines (ODG) and California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Non-Benzodiazepine sedative-hypnotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation insomnia medications

Decision rationale: Zolpidem(Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated and the physician note in December 2014 indicated it may be due to a medical condition. The claimant had been on Ambien for several months. Continued use of Ambien is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on Omeprazole for several months. No prior diagnostics or examination was noted to demonstrate a high risk status. Therefore, the continued use of Omeprazole is not medically necessary.