

Case Number:	CM15-0117245		
Date Assigned:	07/06/2015	Date of Injury:	05/17/2007
Decision Date:	08/04/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania
 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 (IW) is a 54-year-old male who sustained an industrial injury on 05/17/2007. Diagnoses include carpal tunnel syndrome. Treatment to date has included medications, carpal tunnel release, carpal tunnel injection and physical therapy. According to the progress notes dated 4/8/15, the IW reported aching and burning in both wrists radiating to the fingers with associated numbness. He previously had carpal tunnel release on each wrist. On examination, there was fair strength in both hands and wrists. Electrodiagnostic testing of the left upper extremity on 3/4/15 found evidence of left median motor neuropathy. Office visit notes from the pain management provider dated 1/7/15 showed the IW rated his sleep disturbance due to pain 8/10. The PR2 dated 2/23/15 stated the IW reported symptoms worsen with sleeping and repetitive activities. Medications listed were Norco, cyclobenzaprine, Lidoderm patch and Omeprazole. A request was made for Zolpidem 10mg, #30 with 5 refills and Omeprazole 40mg, #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30 with 5 refills: 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)-TWC, Pain Procedure Summary; Mosbys Drug Consult.

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

Decision rationale: According to the ODG, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia." The request for #30 with 5 refills far exceeds the duration recommended under these guidelines. Furthermore, the medical record for this worker does not include a diagnosis of insomnia or complaint of insomnia for which zolpidem would be recommended. Records from 2014 do not mention that he has sleep apnea and uses CPAP but this is not an indication for zolpidem. The request is not medically necessary.

Omeprazole 40mg #30 with 5 refills: 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)-TWC Pain Procedure Summary; Mosby's Drug Consult.

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

Decision rationale: According to the MTUS, proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. An NSAID was not listed among the workers current medications. There was no diagnosis or mention of a gastrointestinal problem for which omeprazole may be indicated. Therefore, omeprazole is not medically necessary.