

<b>Case Number:</b>	CM15-0024533		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male sustained a work related injury on 02/23/2011. According to a Qualified Medical Re-Evaluation dated 05/23/2014, the injured worker described weight gain, nervousness, depression, difficulty sleeping and a poor appetite. An esophagogastroduodenoscopy in August 2013 demonstrated H. Pylori gastritis and reflux esophagitis. A colonoscopy showed adenomatous polyps and diverticulosis. According to the most recent progress report dated 07/10/2014, the injured worker continued to have residual pain in the left knee and left shoulder. He was on temporary total disability during the postoperative period. Diagnoses included cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, wrist tendinitis/bursitis and hand sprain/strain. Medications were noted to be providing pain relief and improving functional status. There was no indication what medication was being utilized. On 01/20/2015, Utilization Review modified retrospective Ambien 5mg #30 with a date of service 12/11/2014, retrospective request of Prilosec 20mg #90 with a date of service 12/11/2014 and retrospective Ultram ER 105mg #60 with a date of service of 12/11/2014. According to the Utilization Review physician, in regard to Ambien, there was no indication that the injured worker had difficulty falling asleep and staying asleep. There was no documentation on how many hours of sleep per night was gotten, how many nights per week the injured worker had difficulty and there was no documentation on how many weeks in succession the injured worker may have had difficulties. Also, guidelines do not recommend the use of this medication for longer than 7 to 10 days. Official Disability Guidelines Pain Chapter was referenced. In regard to Prilosec, there was no documentation indicating that the injured worker

had gastritis or was at increased risk for gastritis. CA MTUS Chronic Pain Medical Treatment Guidelines, page 68-69 were referenced. In regard to Ultram, there were no records that indicated that the injured worker has failed a trial of first-line analgesic agents. CA MTUS Chronic Pain Medical Treatment Guidelines pages 78-80, 124- 93-94 were referenced. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Ambien 5 mg #30 with a dos of 12/11/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

**Retrospective request of Prilosec 20 mg #90 with a dos of 12/11/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.

**Retrospective Ultram ER 150 mg #60 with a dos of 12/11/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Ultram ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER is not medically necessary.