

Case Number:	CM15-0067449		
Date Assigned:	04/15/2015	Date of Injury:	05/12/2011
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic neck, shoulder, wrist, and elbow pain reportedly associated with an industrial injury of May 12, 2011. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for Prilosec and Ambien. The claims administrator seemingly referenced a progress note of March 10, 2015 and January 13, 2015 in its determination. The claims administrator framed the request as refill requests. The applicant's attorney subsequently appealed. On July 20, 2014, the applicant was given refills of Norco, Zanaflex, Ambien, and TENS unit supplies. Ongoing complaints of neck, shoulder, hand, and wrist pain were noted. The applicant was apparently working with restrictions in place, it was suggested. The applicant was using Ambien on a nightly basis, it was reported. There was no mention of the applicant's having any issues with reflux, heartburn and/or dyspepsia on this occasion. On January 13, 2015, the applicant reported ongoing complaints of hand, wrist, and shoulder pain. Prilosec was being used for gastric protective effect, the treating provider reported, as opposed to for combating actual symptoms of reflux. It was again stated that the applicant was using Ambien for insomnia. The applicant was also using Norco twice daily, Zanaflex twice daily, and Lexapro, it was acknowledged. The applicant was returned to work. Additional massage therapy was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his progress note that Prilosec was intended for gastric protective effect as opposed to for combating actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors. Namely, the applicant did not appear to be using any NSAIDs, is less than 65 years of age (age 39), is not using multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids, does not have a history of prior GI bleeding, and does not have a history of peptic ulcer disease. Therefore, the request for Prilosec is not medically necessary.

Ambien 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 Chapter, Treatment of insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aide, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request for Ambien represented a renewal request for the same. The applicant has been using Ambien for a minimum of several months, the treating provider acknowledged. Such usage, however, was incompatible with the FDA label. The attending provider failed to furnish compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request is not medically necessary.