

<b>Case Number:</b>	CM15-0078047		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/07/1997
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, Ohio, 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 53 year old female, who sustained an industrial injury on 12/7/97. She reported pain began as work related lifting. The injured worker was diagnosed as having chronic pain syndrome; unspecified myalgia; myositis; chronic lumbar/back pain. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 3/26/15 indicated the injured worker was in the office on this date for medication maintenance. She reports doing well and looking forward to starting a new job. The pain is described as in the left leg and bilateral back with no changes since last office visit. The frequency of the pain/spasticity is constant with aching, shooting and throbbing and made worse by lifting, sitting, standing and made better with rest and medications. Last month's pain was described as 3/10 with an average of 4/10 and worse pain at 5/10 with medications and without worse level would be 8/10. The treatment plan includes home exercise and medications: Ambien 5mg quantity 30 with two refills and Prilosec 10mg quantity 30 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg quantity 30 with two 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, Pain, Zolpidem (Ambien).

**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.

**Decision rationale:** MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers Compensation/Pain/ Insomnia Treatment does discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

**Prilosec 10mg quantity 30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.