

Case Number:	CM13-0014067		
Date Assigned:	06/06/2014	Date of Injury:	05/09/2007
Decision Date:	07/29/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of 5/9/07. A utilization review determination dated 8/8/13 recommends modification of Ambien #30 and Celebrex #30 with 1 refill to #20 and #30 with no refills respectively. 6/17/13 medical report identifies a treatment plan including Lunesta #60 with 1 refill and Celebrex #30 with 1 refill. A 7/29/13 medical report identifies tenderness with decreased ROM and clicking. There is shoulder tenderness anteriorly and laterally with flexion and abduction 170, IR and ER 70, adduction and extension 30. Celebrex and Ambien were requested. 9/9/13 medical report identifies that the provider asked the patient about previous NSAID use, which was noted to be Motrin and Diclofenac. Motrin caused stomach irritation. Celebrex is helping. The patient was given 15 tablets of Ambien and will be tapering it. The treatment plan included Celebrex #30 with 2 refills and Ambien #15 with plan to stop after that prescription. 10/14/13 medical report identifies a treatment plan including Celebrex #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ambien 10MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition, Pain, Zolpidern (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Chronic Pain, Sleep Medication.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The 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 are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. The patient was previously utilizing Lunesta, but there was no documentation regarding the patient's response to that medication and a rationale for changing to another medication to manage any insomnia that may be present. In light of the above issues, the currently requested Ambien is not medically necessary.

Prescription Of Celebrex 200MG, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Regarding the request for Celebrex, California MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is documentation that the patient had tried two previous NSAIDs, Motrin and diclofenac. The Motrin was said to cause stomach irritation, but no further discussion regarding the diclofenac was noted. Additionally, the patient was previously utilizing Celebrex, which was noted to be helping, but there was no clear documentation of efficacy such as improved VAS pain scores and/or specific functional improvement secondary to prior use of this medication. In light of the above issues, the currently requested Celebrex is not medically necessary.