

<b>Case Number:</b>	CM13-0014273		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 55-year-old male with a May 12, 2011 date of injury. A specific mechanism of injury has not been described. A July 22, 2013 progress note states that the patient indicates pain in the back of the left shoulder and low back. Physical examination demonstrated limited cervical lumbar ranges of motion, left ankle weakness secondary to pain, and tenderness over the cervical lumbar spine. Treatments have included activity modification and medication. A July 25, 2013 note from the provider's office identifies that the pain medications helped to control the patient's pain and allows the patient to complete activities of daily living. Without the medication, the patient is not able to function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines form the American Pain Society / American Academy of Pain Medicine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-77.

**Decision rationale:** The California MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines states that Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetaminophen) is Indicated for moderate to moderately severe pain. However, page 76 through 77 stipulated specific criteria to follow before a trial of opioids for chronic pain management, and there is no documentation that these guidelines were followed. Also results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). Therefore the request for Norco 10/325mg, #120, is not medically necessary.

**Ambien 1.0mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter and the FDA

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus

**Decision rationale:** The California MTUS is mute on Zolpidem (Ambien) therapy. According to Medline Plus, Zolpidem is used to treat insomnia (difficulty falling asleep or staying asleep) and it belongs to a class of medications called sedative-hypnotics. It works by slowing activity in the brain to allow sleep. Zolpidem should normally be taken for short periods of time (less than two weeks). If zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. Therefore Zolpidem 10mg, #30, is not medically necessary.

**Celebrex 20mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22 and 30.

**Decision rationale:** The California MTUS pages 22 and 30 states that Celebrex<sup>®</sup> is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of gastrointestinal (GI) complications, but not for the majority of patients. Celecoxib (Celebrex<sup>®</sup>) is the only available COX-2 in the United States. No generic is available. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the

effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain and of antidepressants in chronic low back pain. There is no documentation that this claimant cannot tolerate first line NSAID nor has a history of Gastrointestinal disturbances, before choosing the second-line of treatment as recommended by the California MTUS. Therefore the request for Celebrex 20mg #30 is not medically necessary.