

<b>Case Number:</b>	CM13-0015455		
<b>Date Assigned:</b>	10/09/2013	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 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 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 male patient with a date of injury of 4/20/09. A utilization review determination dated 7/22/13 recommends non-certification of Zolpidem, Lyrica, Meloxicam, and Celebrex. Zolpidem was non-certified as only short-term treatment is recommended. Lyrica was non-certified as there were no reports of a supported condition such as neuropathic pain or fibromyalgia or significant reported improvement with prior use of the medication. Meloxicam and Celebrex were non-certified as no significant functional improvement had been reported from use of the medications. A supplemental report dated 10/31/13 identifies that the patient is "Status post left ankle surgery performed by ██████ in October 2009; lumbar spine sprain and strain with left lower extremity radiculopathy secondary to altered gait, multilevel degenerative disc disease with annular tear at L4-5 level with stenosis, disc bulge at L2-three, and status post lumbar laminectomy at L5 and S1 level; status post left knee arthroscopy with patellofemoral arthralgia secondary to fall in July 2009". The patient was seen on January 29, 2013 for an evaluation of pain, which was described as sharp, dull, aching, and associated with tingling sensation. She reported sleeping six hours a night. Examination of the lumbar spine revealed tenderness over the paravertebral musculature and over the lumbosacral junction. Straight leg raising test elicited pain over the lumbar spine. Range of motion was limited. On her most recent evaluation on March 12, 2013, examination of the lumbar spine revealed tenderness and muscle spasm over the paravertebral musculature and lumbosacral junction. Straight leg raising test was positive and produce low back pain. Lumbar range of motion was limited. Zolpidem tartrate was requested in order to address my patient's sleep complaints. I am recommending continuous use of zolpidem tartrate as this was beneficial in promoting sleep in the past. Sleep is an important dimension o

## IMR ISSUES, DECISIONS AND RATIONALES

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

**The requested treatment for Zolpidem Tartrate 10mg #60, between 3/15/2013 and 5/6/2013:**  
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 (Chronic).

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

**Decision rationale:** Regarding the request for Zolpidem, California Chronic Pain Medical Treatment Guidelines does not address the issue. Official Disability Guidelines cites that it is approved only for the short-term (usually two to six weeks) treatment of insomnia, noting that it can be habit-forming, may impair function and memory more than opioid pain relievers, and there is also concern that they may increase pain and depression over the long-term. Within the documentation available for review, it is noted that the medication is being utilized for long-term treatment. In light of the above issues, the currently requested Zolpidem is not medically necessary.

**2. The request for 1 prescription of Lyrica 75mg #120, between 3/14/2013 and 4/22/2013:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 16-21.

**Decision rationale:** Regarding the request for Lyrica, California Chronic Pain Medical Treatment Guidelines supports its use in the management of neuropathic pain. The prior utilization review noted that there was no documentation of neuropathic pain and a subsequent report from the provider noted that the patient is status post lumbar laminectomy and does have neuropathic pain. In light of the above, the currently requested Lyrica is medically necessary.

**The request for 1 prescription for Meloxicam 7.5mg #120, between 4/11/2013 and 5/6/2013:**  
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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112.

**Decision rationale:** Regarding the request for Meloxicam, California Chronic Pain Medical Treatment Guidelines supports the use of NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) in the management of pain, although long-term use is discouraged. The prior utilization review non-certified this medication as there was no documentation of functional improvement from its use. Subsequent documentation from the provider identifies that it has enabled him to increase his tolerance with his duties and activities of daily living. In light of the above, the currently requested Meloxicam is not necessary.

**The request for 1 prescription for Celebrex 200mg #60, between and 3/14/2013 and 3/14/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the request for Celebrex, California Chronic Pain Medical Treatment Guidelines cites that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of gastrointestinal complications, but not for the majority of patients. Within the documentation available for review, there is no documentation of a high risk of gastrointestinal complications and the patient is concurrently utilizing a nonselective non-steroidal anti-inflammatory drugs. In light of the above issues, the currently requested Celebrex is not medically necessary.