

Case Number:	CM13-0023337		
Date Assigned:	11/15/2013	Date of Injury:	01/30/2003
Decision Date:	01/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 45-year-old female who reported an injury on 01/30/2003. The mechanism of injury was not provided. The diagnoses were noted to include post-laminectomy syndrome lumbar, depressive disorder NEC, sciatica, chronic pain syndrome, lumbosacral spondylosis, and lumbar/lumbosacral disc degeneration. Request was made for 1 prescription of Celebrex 200 mg #60, one prescription of Lunesta 3 mg #30, one prescription of cyclobenzaprine 10 mg #30, and 1 prescription of Norco 10/325 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: Per California MTUS, Celebrex is a non-steroidal anti-inflammatory drug. The clinical documentation submitted for review failed to provide an objective examination. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for 1 prescription of Celebrex 200 mg #60 is not medically necessary.

Lunesta 3 mg #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 (ODG)

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

Decision rationale: California MTUS/ACOEM guidelines do not address Lunesta. Per Official Disability Guidelines, Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Withdrawal may occur with abrupt discontinuation. The clinical documentation submitted for review failed to provide an objective examination. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for 1 prescription of Lunesta 3 mg #30 is not medically necessary.

Cyclobenzaprine 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: California MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The clinical documentation submitted for review failed to provide an objective examination. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for 1 prescription of cyclobenzaprine 10 mg #30 is not medically necessary.

Norco 10/325 mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking

behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's" to support ongoing medication usage. Given the above, the request for 1 prescription of Norco 10/325 mg #150 is not medically necessary.