

<b>Case Number:</b>	CM13-0032303		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/12/2003
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 & Rehabilitation 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.

### 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 49-year-old male who reported an injury on 07/12/2003. The patient is currently diagnosed with postlaminectomy syndrome, spinal and lumbar degenerative disc disease, and low back pain. The patient was seen by [REDACTED] on 09/13/2013. The patient reported persistent low back pain with radiation to the bilateral lower extremities. Current medications included Celebrex, Ambien, Norco, and Medrol Dosepak. Physical examination revealed antalgic gait, restricted range of motion, tenderness to palpation, and positive facet loading maneuvers bilaterally. The patient demonstrated 5/5 motor strength and intact sensation. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 1 refill:** 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) Chronic Pain Chapter.

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

**Decision rationale:** Official Disability Guidelines state Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. Empirically supported

treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use the patient continuously presents with complaints of poor sleep quality. Satisfactory response to treatment has not been indicated. As guidelines do not recommend the chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Celebrex 100mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-72.

**Decision rationale:** California MTUS Guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. Celebrex is recommended for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. As per the clinical notes submitted, the patient does not currently meet criteria for the use of Celebrex. There is also no evidence of a failure to respond to first line treatment with acetaminophen as recommended by California MTUS Guidelines. Despite the ongoing use, the patient continues to report chronic lower back pain. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is non-certified.