

Case Number:	CM14-0186152		
Date Assigned:	11/14/2014	Date of Injury:	01/25/2007
Decision Date:	12/23/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 38-year-old male with a 1/25/07 date of injury. At the time (9/15/14) of request for authorization for Celebrex (Celecoxib) 200 mg/capsule #60; 1 capsule PO BID, Lunesta (Eszopiclone) 3 mg/tablet #30; 1 tablet PO at bedtime, and Roxicodone (Oxycodone) 30 mg/tablet #180; 1 tablet PO QID PRN, there is documentation of subjective (neck pain with left arm pain, low back pain with left leg pain, and poor quality of sleep) and objective (numbness to the ulnar aspect of the left arm/hand, positive crepitus on arm range of motion, and pain radiating to the arm on neck rotation) findings, current diagnoses (herniated nucleus pulposus of the cervical spine and herniated nucleus pulposus of the lumbar spine), and treatment to date (medications (including ongoing treatment with Celebrex, Lunesta, and Roxicodone since at least 4/14/14)). Medical reports identify a signed Narcotic agreement. Regarding Celebrex (Celecoxib) 200 mg/capsule #60, there is no documentation of high-risk of GI complications with NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Regarding Lunesta (Eszopiclone) 3 mg/tablet #30, there is no documentation of Insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date. Regarding Roxicodone (Oxycodone) 30 mg/tablet #180, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Roxicodone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex (Celecoxib) 200 mg/capsule #60; 1 capsule PO BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies a high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus of the cervical spine and herniated nucleus pulposus of the lumbar spine. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, given documentation of ongoing treatment with Celebrex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex (Celecoxib) 200 mg/capsule #60; 1 capsule PO BID is not medically necessary.

Lunesta (Eszopiclone) 3 mg/tablet #30; 1 tablet PO at bedtime: Upheld

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

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 Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS does not address this issue. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopiclone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus of the cervical spine and herniated nucleus pulposus of the lumbar spine. However, despite documentation of poor quality of sleep, there is no (clear) documentation of Insomnia. In addition, given documentation of ongoing treatment with Lunesta, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Lunesta (Eszopiclone) 3 mg/tablet #30; 1 tablet PO at bedtime is not medically necessary.

Roxicodone (Oxycodone) 30 mg/tablet #180; 1 tablet PO QID PRN: 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 Opioids; Oxycodone Page(s): 74-80, 92. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus of the cervical spine and herniated nucleus pulposus of the lumbar spine. In addition, given documentation of a signed Narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, given documentation of ongoing treatment with Roxicodone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Roxicodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Roxicodone (Oxycodone) 30 mg/tablet #180; 1 tablet PO QID PRN is not medically necessary.