

Case Number:	CM14-0025822		
Date Assigned:	06/13/2014	Date of Injury:	04/05/2000
Decision Date:	08/12/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgeon and is licensed to practice in Florida. 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:

The injured worker is a 50-year-old female who reported an injury on 04/05/2000. The mechanism of injury was not provided. On 03/14/2014, the injured worker presented with right knee and left foot pain. Upon examination, the injured worker continued to ambulate with the use of a cane. The injured worker was emotionally preoccupied and irritable with psychomotor agitation. Prior therapy included psychiatric treatment and medication. The provider recommended Ambien and Celebrex. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: 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), Insomnia Treatment, Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription short-acting non-Benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks)

treatment of insomnia. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The included medical documentation does not indicate that the injured worker has a diagnosis or symptoms of insomnia. Additionally, the provider's request does not indicate a dose, frequency, or quantity of the Ambien in the request as submitted. As such, the request of Ambien is not medically necessary and appropriate.

Celebrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S Page(s): 70.

Decision rationale: The California MTUS states that Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are recommended for injured workers with osteoarthritis including knee and hip, and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations for chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The included documentation does not indicate whether Celebrex is a new or continued prescription medication. Additionally, the provider's request does not indicate the quantity, dose, or frequency of the medication in the request as submitted. As such, the request of Celebrex is not medically necessary and appropriate.