

Case Number:	CM14-0026638		
Date Assigned:	03/05/2014	Date of Injury:	10/21/2009
Decision Date:	04/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/04/2014

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 Acupuncture and Pain Medicine 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:

The patient is a 65 year old male with date of injury 10/21/09. He was diagnosed with low back pain; degenerative disc disease of the lumbar spine; radiculopathy; herniated discs L3-L4 and L4-L5; and depression. MRI of the lumbar spine dated 7/5/12 was interpreted as a stable appearance of the lumbar spine compared with outside prior examination 12/20/10 with multilevel posterior broad disc bulges L2-3 through L4-5 with mild to moderate central canal stenosis at L4-5 and mild central canal stenosis at L3-4. Again seen is focal fissuring of the left far lateral posterior margin of the annulus at the L4-5 level. Mild facet arthropathy is present at the L3-4 and L4-5 levels. Minimal bilateral L3-4 and right-sided L4-5 neural foraminal stenosis. Treatment to date has included physical therapy, acupuncture, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The MTUS guidelines states that NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Per 11/26/13 report, the injured worker continued to have pain in the lumbar spine without improvement. He was noted to get functional improvement and pain relief with Celebrex. However, review of the submitted documentation indicates that the injured worker has been using this medication since early 2012. No relevant GI conditions upon review of the documentation. As it is recommended for short-term symptomatic relief, it is not medically necessary.

FLECTOR PATCHES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-48.

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

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS states these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The documentation states that the medication gives the injured worker pain relief and functional improvement. Per 1/4/14 report, the injured worker has continually been working full time. The request is medically necessary.

AMBIEN 5 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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Insomnia Treatments, Zolpidem.

Decision rationale: With regard to Ambien, the ODG guidelines state that zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the

long-term. Review of the submitted documentation indicates that the injured worker has been using this medication since early 2012. As it is recommended for short-term use, it is not medically necessary.