

Case Number:	CM14-0046244		
Date Assigned:	07/02/2014	Date of Injury:	09/16/2005
Decision Date:	10/02/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old gentleman was reportedly injured on September 16, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Celebrex and Norco. The physical examination demonstrated an antalgic gait and tenderness over the lumbar spine paraspinal muscles as well as over the midline. There was decreased lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, home exercise, and ice/heat. A request had been made for Lunesta and Celebrex and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg #90 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 Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone (updated 6/12/14)

Decision rationale: Lunesta is a non-benzodiazepine hypnotic. The guidelines recommend that treatment of insomnia be based on the etiology. Failure of a sleep disturbance to resolve in 7 to 10 days may indicate psychiatric and/or medical illness. The majority of studies involving insomnia treatment have only evaluated short-term treatment (less than 4 weeks). These medications are recommended for short-term use due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness amnesia, impaired cognition, and impaired psychomotor function. This request for 90 tablets with one refill does not indicate short-term usage. As such, this request for Lunesta is not medically necessary.

Celebrex 200 mg, # 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30, 70 of 126..

Decision rationale: The California guidelines support the use of Celebrex in select clinical settings of acute pain and in conditions for which NSAIDs are recommended when the claimant has a risk of G.I. complications. The medical record provides clinical data to support a diagnosis of chronic pain. There is no documentation in the record of gastritis, or any other risk factor. In the absence of documentation of risk factors to identify the claimant to be at high risk, the use of this medication in the setting of chronic pain would not be supported by the guidelines. Therefore, this request for Celebrex is not medically necessary.