

<b>Case Number:</b>	CM14-0054739		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/03/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male was reportedly injured on 2/3/2007. The mechanism of injury was noted as a fall. The most recent progress note, dated 4/1/2014, indicated that there were ongoing complaints of chronic low back pain that radiated into to the left lower extremity. The physical examination demonstrated lumbar spine limited range of motion and the patient was unable to perform palpation due to pain. No recent diagnostic studies are available for review. Previous treatment included previous lumbar surgeries, physical therapy and medications. A request was made for Celebrex 200 mg #30, Norco 10/325 mg #60, Ambien 10 mg #30, and Nucynta 10 mg #60 and was not certified in the pre-authorization process on 3/31/2014.

### 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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 30 of 126.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of gastrointestinal (GI) complications but not for the majority of patients. Generic non-steroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors have similar efficacy and risks when used for less than three months, but a 10-to-1 difference in cost. After review of the medical records provided, there is no documentation of a gastrointestinal issue, or intolerance to NSAIDs. Therefore, request for Celebrex 200mg #30 is deemed not medically necessary.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, request for Norco 10/325mg #60 is not considered medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Chapter: Pain, Ambien (zolpidem tartrate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

**Decision rationale:** MTUS/ACOEM does not address; therefore ODG used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend its long-term use for chronic pain. As such, request for Ambien is not medically necessary.

**Nucynta 10mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic) Nucynta. Updated 7/10/2014.

**Decision rationale:** Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic low back pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, request for Nucynta 10mg #60 is not considered medically necessary.