

Case Number:	CM14-0054850		
Date Assigned:	07/07/2014	Date of Injury:	10/02/2001
Decision Date:	10/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 underlying date of injury in this case is 10/02/2001. The date of the initial utilization review under appeal is 04/16/2014. On 06/09/2014, the primary treating physician saw the patient in follow-up with the diagnoses of lumbar postlaminectomy syndrome as well as lumbar disc degeneration, lumbar stenosis, and lumbar spondylosis. The patient reported pain in the low back radiating to his right leg occasionally. Continuation of Celebrex, Norco, and Zolpidem were recommended. Previously on 04/14/2014, the patient also presented with low back pain radiating to the right lower extremity. The medications were continued at that time as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific Recommendations: Osteoarthritis Back Pain - Acu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatories states that antiinflammatories are the traditional first line of treatment, and long-term use may not be warranted. These guidelines

specifically indicate that a COX-2 inhibitor such as Celebrex is indicated if the patient has a risk of gastrointestinal complications but not for the majority of patients. The medical records do not clearly outline benefit on a chronic basis from antiinflammatory medications in general nor a rationale for a COX-2 antiinflammatory medication in particular. This request is not medically necessary.

Norco 10/325mg:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Hydrocodone / Acetaminophen, Opioids for Chronic Pain,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management, discussing the need for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records do not clearly document these 4 A's of opioid management. A rationale or indication of functional benefit for chronic opioids is not apparent. This request is not medically necessary.

Zolpidem 10mg: 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 (Chronic), 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) Treatment in Workers' Compensation, Pain

Decision rationale: The California Medical Treatment Utilization Schedule does not directly discuss this medication. Official Disability Guidelines/Treatment in Workers' Compensation/Pain discusses insomnia treatment. In that context, zolpidem is recommended for use up to 10 days or potentially based on some studies up to 24 weeks but not clearly on a chronic basis. This same guideline also recommends clear documentation of the rationale and indication benefit to support pharmacological treatment of insomnia, which is not documented at this time. For these multiple reasons, this request is not supported by the guidelines. This request is not medically necessary.