

Case Number:	CM15-0139316		
Date Assigned:	07/29/2015	Date of Injury:	12/21/2006
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male who sustained an industrial injury on 12/21/06. Initial complaints and diagnoses are not available. Treatments to date include neck and back surgeries, medications, heat, gentle stretches, exercises, and ice. Diagnostic studies are not addressed. Current complaints include chronic neck and low back pain. Current diagnoses include cervical and lumbar post laminectomy syndrome, cervical and lumbar radiculopathy, reactive depression, and neck pain. In a progress note dated 06/18/15 the treating provider reports the plan of care as continue conservative care, and medications including Methadone, Belsomra, Percocet, Neurontin, and Celebrex; pain level is 7/10 without medication and improves to 5/10 with medication. The requested treatments include Celebrex, and Belsomra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 20mg #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, Insomnia, Insomnia Treatment.

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

Decision rationale: The provided medical documents do not note insomnia or sleep difficulty being one of the IW's complaints. Additionally there is no mention of evaluation of whether the IW has primary or secondary insomnia. Considering lack of supporting clinically information and reported symptoms, this medication is not medically necessary at this time.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

Decision rationale: According to CA MTUS guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of NSAID and there is no report of side effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. While there is no contra-indication for ongoing long-term use and continued use of NSAID is medically appropriate, I believe that continued use should be with a generic NSAID with equivalent efficacy such as Naproxyn or ibuprofen. There was no mention of contraindication such as gastritis with a generic NSAID that would necessitate Celebrex over a generic. Therefore, this request is not medically necessary.