

Case Number:	CM15-0163476		
Date Assigned:	08/31/2015	Date of Injury:	04/30/2008
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 04-30-2008. On provider visit dated 07-17-2015 the injured worker has reported neck and lower back pain. On examination, the lumbar spine revealed positive straight leg raise on the right. Cervical spine and lumbar spine revealed a decreased range of motion. The diagnoses have included sprain and strain of the neck, lumbar disc displacement without myelopathy, sprain-strain lumbar spine, sacroiliac dysfunction, pain syndrome chronic with psychosocial dysfunction, adjustment disorder with depressed mood and cervical spine musculotendinoligamentous injury with radiculopathy. Treatment to date has included medication, physical therapy and home exercise program. The injured worker as temporarily totally disabled. The provider requested Celebrex, Ambien and Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 2 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant still was on a PPI and Celebrex for several months despite also being on Tylenol #4. Pain scores were not routinely noted and contribution to pain reduction due to Celebrex is unknown. The Celebrex is not medically necessary.

Ambien 10mg #30 with 2 refills: 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), 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) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several years. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem(Ambien) is not medically necessary.

Tylenol #4 300/60mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Tylenol #4 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #4 and Tylenol #3 for several years without significant improvement in pain or function consistent documentation of

pain response. There was no mention of Tylenol (alone), NSAID, Tricyclic or weaning failure. The continued use of Tylenol #4 is not medically necessary.