

<b>Case Number:</b>	CM15-0169108		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	02/24/1999
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 62 year old male, who sustained an industrial injury on 2-24-1999. The injured worker was diagnosed as having lumbar disc degeneration. His past medical history included hypertension, obesity, diabetes, and sleep apnea. Treatment to date has included diagnostics and medications. The use of Ambien CR, Celebrex, Flexeril, and Oxycontin was noted since at least 1-2015. A fall in the middle of the night, with possible loss of consciousness, was noted in the progress report 3-18-2015. Currently (7-29-2015), the injured worker complains of low back pain and pain in his lower extremities, as well as numbness in his feet. Pain was rated 5 out of 10. Previous progress reports (5-26-2015 and 6-25-2015) noted pain levels as 4 out of 10 and 5 out of 10. He reported a decrease in activity due to the heat and he was not working. His alcohol consumption was documented as "occasional". His medications included, but were not limited to, Ambien CR, an outside medication for anxiety, Celebrex, Citalopram, Flexeril, Nortriptyline, and Oxycontin. His physical exam noted that he was awake, alert and oriented, and his lower extremities were positive for edema. An examination of his lumbar spine was not documented. He denied side effects from his medications prescribed and urine toxicology was not noted since 7-2014. The treatment plan included the continued use of his medications, including Oxycontin, Ambien CR, Celebrex, and Flexeril. On 8-22-2015 the Utilization Review non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #10:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), zolpidem is not recommended for long-term use. The clinical records submitted do support the fact that this patient has a remote history of insomnia. He also was diagnosed with sleep apnea. However, the records do not support the long-term use of this medication for those indications. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. Therefore, based on the submitted medical documentation, the request for ambien is not-medically necessary.

**Flexeril 10mg #60, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic back pain of the cervical and lumbar spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not-medically necessary.

**Oxycontin 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has improved functioning and pain. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The dose of opioids prescribed this patient is high. The medical records reflect that this patient has been documented to have functional impairment with a recent nocturnal fall involving possible loss of consciousness. The patient's pain is still rated 4-5/10 with concern for possible polypharmacy side effects. Therefore, based on the submitted medical documentation, the request for Oxycontin 30mg is not medically necessary.

**Celebrex 200mg #60, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Celebrex prescription has not medically necessary.