MAXIMUS Federal Services

Case Number:	CM15-0184377		
Date Assigned:	09/24/2015	Date of Injury:	08/26/2009
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old man sustained an industrial injury on 8-26-2009. Diagnoses include muscle spasms, lumbosacral intervertebral disc disease-degenerative lumbar disease, lumbosacral spondylosis without myelopathy, lumbar post-laminectomy syndrome, myalgia and myositis, thoracic or lumbosacral neuritis-radiculitis, and lumbago. Treatment has included oral medications, massage therapy, surgical intervention, and ice packs. Physician notes dated 5-5-2015 show complaints of low back pain with spasms. The worker rates his pain an average of 5 out of 10 since his last visit. The physical examinations include an uncomfortable looking worker with no significant changes and a mild antalgic gait. The worker admits he was recently rear-ended in his car. Recommendations include Norco, soma, Ambien, Exalgo, Zanaflex, Voltaren gel, Celebrex, continue home exercise program, urine drug screen, consider transforaminal epidural steroid injection and medial branch block, updated lumbar spine MRI, continue massage therapy, and follow up in one to two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty: 30.00 (per 08/25/2015 order): 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 - 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 (Chronic) Chapter, Zolpidem (Ambien) Section.

Decision rationale: Based on the 06/30/15 progress report provided by treating physician, the patient presents with low back pain with radiculopathy, right greater than left. The patient is status post L5-S1 fusion, date unspecified. The request is for Ambien 10 mg qty: 30.00 (per 08/25/2015 order). RFA with the request not provided. Patient's diagnosis on 06/30/15 includes chronic low back pain, failing disc at L4/5 above fusion, myofascial pain/spasm, rule out lumbar spondylosis, chronic hip pain, chronic neck pain/degenerative disc disease, poor sleep hygiene due to pain, opioid analgesic dependency with efficacy, mild tolerance, and hypertension, hyperlipidemia. The patient has a mildly antalgic gait. Physical examination on 06/30/15 revealed lumbar pain on active range of motion. Treatment to date has included surgery, massage therapy and medications. Patient's medications include Ambien, Celebrex, Norco, Soma, and Voltaren gel. Patient's work status not provided. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 07/29/14, 05/05/15, and 06/30/15. It is not known when this medication was initiated. ODG recommends Ambien only for short-term use (7-10 days), due to negative side effect profile. In this case, the patient has been prescribed Ambien at least since 07/29/14. The request for quantity 30 exceeds ODG recommendation. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Voltaren gel tubes Qty: 2.00 (per 08/25/2015 order): 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): Topical Analgesics.

Decision rationale: Based on the 06/30/15 progress report provided by treating physician, the patient presents with low back pain with radiculopathy, right greater than left. The patient is status post L5-S1 fusion, date unspecified. The request is for Voltaren gel tubes qty: 2.00 (per 08/25/2015 order). RFA with the request not provided. Patient's diagnosis on 06/30/15 includes chronic low back pain, failing disc at L4/5 above fusion, myofascial pain/spasm, rule out lumbar

spondylosis, chronic hip pain, chronic neck pain/degenerative disc disease, poor sleep hygiene due to pain, opioid analgesic dependency with efficacy, mild tolerance, and hypertension, hyperlipidemia. The patient has a mildly antalgic gait. Physical examination on 06/30/15 revealed lumbar pain on active range of motion. Treatment to date has included surgery, massage therapy and medications. Patient's medications include Ambien, Celebrex, Norco, Soma, and Voltaren gel. Patient's work status not provided. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Voltaren gel has been included in patient's medications, per progress reports dated 05/05/15, 06/03/15 and 06/30/15. It is not known when this medication was initiated. Treater has not provided medical rationale for the request, nor indicated where it is applied and with what efficacy. This patient presents with low back pain. MTUS guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Furthermore, treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Celebrex 200 mg Qty: 60.00 (per 08/25/2015 order): 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): Anti-inflammatory medications.

Decision rationale: Based on the 06/30/15 progress report provided by treating physician, the patient presents with low back pain with radiculopathy, right greater than left. The patient is status post L5-S1 fusion, date unspecified. The request is for Celebrex 200 mg qty: 60.00 (per 08/25/2015 order). RFA with the request not provided. Patient's diagnosis on 06/30/15 includes chronic low back pain, failing disc at L4/5 above fusion, myofascial pain/spasm, rule out lumbar spondylosis, chronic hip pain, chronic neck pain/degenerative disc disease, poor sleep hygiene due to pain, opioid analgesic dependency with efficacy, mild tolerance, and hypertension, hyperlipidemia. The patient has a mildly antalgic gait. Physical examination on 06/30/15 revealed lumbar pain on active range of motion. Treatment to date has included surgery, massage therapy and medications. Patient's medications include Ambien, Celebrex, Norco, Soma, and Voltaren gel. Patient's work status not provided. MTUS Guidelines, Anti-inflammatory Medications section, page 22 states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-

term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "COX-2 inhibitors - e.g., Celebrex - may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-1 difference in cost." Celebrex has been included in patient's medications, per progress reports dated 07/29/14, 05/05/15, and 06/30/15. It is not known when this medication was initiated. Treater has not provided medical rationale for the request. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients due to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. MTUS page 60 also states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, there is no history of GI complications or upset stomach attributed to first-line NSAID medications, and the treater provides no discussion regarding how Celebrex has specifically impacted the patient's pain and function. Therefore, the request is not medically necessary.