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| <b>Case Number:</b>   | CM15-0185294 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 07/19/2001 |
| <b>Decision Date:</b> | 12/10/2015   | <b>UR Denial Date:</b>       | 09/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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: 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:

This injured worker is a 58 year old female who reported an industrial injury on 7-19-2001. Her diagnoses, and or impressions, were noted to include: back pain. Recent magnetic imaging studies of the lumbar spine were done on 5-23-2015 & 8-3-2015 (noting no significant problems); and recent x-rays of the lumbar spine were said to have been done status-post a fall on 8-5-2015. Her treatments were noted to include: trigger point injections and a Medrol Dose pack (8-6-15); a back brace; medication management; and rest from work. The orthopedic progress notes dated 8-6-2015 reported: a follow-up evaluation; that she just reviewed the new magnetic resonance imaging studies with a different doctor the day before, noting no impingement, when shortly after she experienced a sharp pain in her left leg resulting in the left leg buckling and a fall, which resulted in increased low back pain and left-sided radicular-type symptoms. The objective findings were noted to include: tenderness about the left side of the lumbar para-spinal musculature, with quite a bit of spasms; an left-type antalgic gait; positive left straight leg raise; weakness of the left quadriceps and left ankle dorsi-flexors; a review of x-rays taken showing no hardware malfunction; that the fall did not appear to damage the surgical site; and that it was likely that there was some inflammation in the region causing her increased radicular-type symptoms. The physician's requests for treatment were not noted to include Ambien or Celebrex. The orthopedic progress notes of 8-5-2015 noted that she would have her pain management doctor in [REDACTED] handle her medication management, for which he agreed. No Request for Authorization for Ambien 10 mg, #90, and Celebrex 200 mg, #90 was

noted in the medical records provided. The Utilization Review of 9-9-2015 non-certified the request for Ambien 10 mg, #90, and Celebrex 200 mg, #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ambien 10mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. There is no documentation of a request for Ambien. Ambien is not medically necessary.

#### **Celebrex 200mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement or of a request for authorization of Celebrex. Celebrex 200mg #90 is not medically necessary.

#### **Nexium 20mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Nexium. Nexium 20mg #90 is not medically necessary.

**Tizanidine 4mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. There is no documentation indicating that the patient requires a muscle relaxant and no request for authorization. Tizanidine 4mg #90 is not medically necessary.