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| Case Number: | CM15-0185613 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 01/20/2003 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 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: 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 is a 56-year-old male with a date of injury of January 20, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for radiculopathy, lumbosacral sprain or strain, knee and lower leg pain, and cervicalgia. Medical records dated June 17, 2015 indicate that the injured worker complains of lower back pain and neck pain. Records also indicate that the medications provide quantitative improvement of 30-50%. A progress note dated August 12, 2015 notes subjective complaints of pain that was unchanged, and was rated at a level of 5 out of 10 at least, 10 out of 10 at most, and was currently 7 out of 10. Per the treating physician (August 12, 2015), the employee has returned to work. The physical exam dated June 17, 2015 reveals full range of motion of the cervical spine without pain, palpable twitch and positive trigger points of the lumbar paraspinal muscles, an antalgic gait, and no pain with range of motion of the lumbar spine. The progress note dated August 12, 2015 documented a physical examination that showed no changes since the examination conducted on June 17, 2015. Treatment has included bilateral knee injections, medications (Ambien CR 12.5mg at bedtime, Celebrex 200mg once a day, Norco 10-325mg three times a day, Soma 350mg twice a day, Neurontin 300mg two capsules three times a day, and Prilosec 20mg once a day since at least January of 2015), and lumbar epidural steroid injection that improved the pain temporarily. The treating physician indicates (August 12, 2015) that the urine drug testing showed "Consistent" results (date of testing not noted by physician). The original utilization review (September 11, 2015) non-certified a request for Ambien CR 12.5mg #30 and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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, 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): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien CR 12.5mg #30 is not medically necessary and appropriate.

Celebrex 200mg #30: 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: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2003 injury nor have they demonstrated any functional efficacy in terms of specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Celebrex 200mg #30 is not medically necessary and appropriate.

