

<b>Case Number:</b>	CM15-0202098		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/27/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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:

The injured worker was a 55 year old female, who sustained an industrial injury, February 27, 2008. The injured worker was undergoing treatment for degenerative lumbosacral intervertebral disc, lumbago, lumbosacral spondylosis without myelopathy and muscle spasms. According to progress note of September 1, 2015, the injured worker's chief complaint was chronic low back pain and right leg pain. The injured worker reported a hangover effect from the Ambien, which was reduced at this visit. The Celebrex was helping more than the Motrin; it made the injured worker feel better. The average pain since the last visit was 8 out of 10. The injured worker continued to complain of difficulty with sleeping. The injured worker had had facet injections in the past, which helped with the pain. The injured worker was using Temazepam also for sleep. The physical exam noted complaints of ongoing right greater than the left axial low back pain for which facet workup was indicated. There was low back pain with complaint of facet disease. There were no new deficits noted. The injured worker previously received the following treatments Norco, Celebrex 200mg 2 times daily, Ambien was decreased to 5mg at hour of sleep on September 1, 2015, the injured worker had been taken Ambien 10mg at hour of sleep since May 5, 2015, past medications of Motrin, Flexeril, Restoril and Colace. The RFA (request for authorization) dated September 16, 2015; the following treatments were requested prescriptions for Celebrex 200mg 2 times daily #6 and Ambien 5mg 1 at hour of sleep #30. The UR (utilization review board) denied certification on September 16, 2015; for prescriptions for Celebrex 200mg 2 times daily #6 and Ambien 5mg 1 at hour of sleep #30 on September 16, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Celebrex 200mg bid #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The patient presents on 09/01/15 with lower back pain and bilateral leg pain (right greater than left). The patient's date of injury is 02/27/08. The request is for Celebrex 200mg bid #60. The RFA is dated 09/09/15. Physical examination dated 09/01/15 reveals right greater than left axial lower back pain. The patient is currently prescribed Amlodipine, Flexeril, Ibuprofen, Doc-Q-Lace Ambien, Celebrex, and Norco. Patient is currently classified as disabled. MTUS Guidelines, Anti-inflammatory medications section, page 22, has 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-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." In regard to the request for Celebrex, this patient does not meet guideline criteria. This patient has been taking Celebrex since 08/04/15. There is no discussion of a history of GI complications, or upset attributed to first-line NSAID medications at initiation. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing 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. The request is not medically necessary.

### **Ambien 5mg 1 po qhs #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 (ODG), Mental Illness and Stress Chapter, Zolpidem (Ambien) Section.

**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, under Zolpidem.

**Decision rationale:** The patient presents on 09/01/15 with lower back pain and bilateral leg pain (right greater than left). The patient's date of injury is 02/27/08. The request is for Ambien 5mg 1 po qhs #30. The RFA is dated 09/09/15. Physical examination dated 09/01/15 reveals right greater than left axial lower back pain. The patient is currently prescribed Amlodipine, Flexeril,

Ibuprofen, Doc-Q-Lace Ambien, Celebrex, and Norco. Patient is currently classified as disabled. Official Disability Guidelines, Pain Chapter, under Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine 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. In regard to the continuation of Ambien for this patient's pain and associated insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 05/05/15. While this patient presents with significant pain and insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to prior use does not imply the intent to utilize this medication for 7-10 days. Therefore, the request is not medically necessary.