

<b>Case Number:</b>	CM15-0202540		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/26/1994
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<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: 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:

The injured worker is a year old male, who sustained an industrial injury on 11-26-1994. The injured worker is undergoing treatment for: lumbar stenosis, low back pain. On 8-11-15, he reported low back pain rated 6 out of 10, average 6 out of 10, highest 8 out of 10. He indicated having had 2-3 flare ups a month. He indicated he takes Norco intermittently with some days taking none and other days taking two. On 9-10-15, he reported continued low back pain. He rated his current pain 7 out of 10, average 5-6 out of 10, and highest 8 out of 10. He indicated there was pain in the right buttock, right thigh, calf, ankle and foot with tingling in the right foot. He indicated any activity flares his back and leg pain. He is reported as using Norco. Physical findings revealed a negative straight leg raise test, heel walking normal, toe walking and heel to toe raise are diminished and pain is noted to occur on the bottom of the right foot, gait is broad based, decreased sensory in bottom of the feet with right being greater than left, motor function is decreased in the hips. There is no current discussion regarding insomnia, or a sleep assessment. There is no discussion regarding pain reduction with Norco or Celebrex. The treatment and diagnostic testing to date has included: CT scan of the lumbar spine (date unclear), spinal cord stimulator (date unclear), 24 aquatic physical therapy visits), 34 epidural steroid injections, home exercise program, medications. Medications have included: Norco, Celebrex, and Ambien. The records indicate he has been utilizing Ambien, Norco and Celebrex since at least 4-3-15, possibly longer. Current work status: The request for authorization is for: Norco 7.5-325mg quantity 90 (3 month supply) and no refills, Celebrex 100mg quantity 180 (3 month supply) and no refills, Ambien 10mg quantity 90 (3 month supply) and no refills. The UR dated 10-1-2015: modified certification of Norco 7.5-325mg quantity 30 and no refills, and Celebrex 100mg quantity 60 and no refills; non-certified Ambien 10mg quantity 90 (3 month supply) and no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 7.5/325 MG #90 (3 Month Supply) 0 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the use of Norco has resulted in a decrease in pain and increase in function. However, this is a request for a 3 month supply of Norco and the injured worker is follow-up monthly, therefore, there is no indication for a three month supply. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 7.5/325 MG #90 (3 month supply) 0 refills is determined to not be medically necessary.

### **Celebrex 100 MG #180 (3 Month Supply) 0 Refills: Upheld**

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

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

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI

complications, but not for the majority of patients. In this case, the injured worker is at an increased risk for developing GI complications and the use of Celebrex is appropriate. However, this is a request for a three-month supply of Celebrex and the injured worker is followed monthly, therefore, there is no indication for a three month supply. The request for Celebrex 100 MG #180 (3 month supply) 0 refills is determined to not be medically necessary.

**Ambien 10 MG #90 (3 Month Supply) 0 Refills:** 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).

**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/Insomnia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, this medication is intended for short-term use only and this request for a 3 month supply exceeds the recommendations of the guidelines. The request for Ambien 10 MG #90 (3 month supply) 0 refills is determined to not be medically necessary.