

Case Number:	CM15-0207932		
Date Assigned:	10/26/2015	Date of Injury:	01/08/2009
Decision Date:	12/07/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Florida, 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 58-year-old male who sustained an industrial injury on 1-8-2009 and has been treated for injury to the low back, left hip and right knee. On 9-15-2015 the injured worker reported right hip and back pain described as shooting and radiating, rated 8 out of 10 during the visit, and averaging between 4-10 out of 10 overall. It is noted to be constant and worse with activity, and relieved with medication. Objective findings noted an antalgic gait and lumbosacral range of motion to be painful and reduced by 75 percent. The injured worker has been treated with Norco; Cymbalta; Celebrex stated to "allow for increase in activity tolerance and exercise"; and Lunesta resulting in "improvement in sleep by 80 percent, and improves activity level with no side effects." Per provided documentation, he has been on this medication regimen for at least three months. The provided records do not include information regarding sleep habits or hygiene education. The physician stated medications are "consistent" through a CURES report. The treating physician's plan of care includes Celebrex 100 mg #60 and Lunesta 3 mg #30, both of which were non-certified on 9-29-2015. He is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg quantity 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

Decision rationale: The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex was appropriately not medically necessary, as criteria for appropriate usage under the evidence-based guides are not met.

Lunesta 3mg quantity 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, Mental Illness and Stress: Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, Sleep medicines.

Decision rationale: The Lunesta has been in use at least three months; sleep had improved by 80%. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, which is not supported. There is insufficient clinical evidence to support the continued, long term usage of the medicine in this claimant's case based on evidence-based recommendations. The request is appropriately not medically necessary.