

Case Number:	CM15-0216955		
Date Assigned:	11/06/2015	Date of Injury:	02/19/2008
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 02-19-2008. The injured worker is currently working full time. Medical records indicated that the injured worker is undergoing treatment for thoracic sprain-strain and chronic lumbosacral strain. Treatment and diagnostics to date has included Toradol injection and medications. Recent medications have included Celebrex and Lunesta. Subjective data (08-21-2015), included low back pain that radiates to her left hip rated 8 out of 10 in severity. The injured worker stated that her medications "are helping" and "effective by 60%". Objective findings (08-21-2015) included tenderness noted at T9. The Utilization Review with a decision date of 10-23-2015 denied the request for Celebrex 200 mg #30 and Lunesta 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 20mg #30: 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, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work in February 2008 and is being treated for radiating low back pain. When seen, she had pain rated at 8/10. Physical examination findings included thoracic tenderness at T9. There was a normal neurological examination. Medications are referenced as 60% effective. She was working full-time as a registered nurse. A Toradol injection was administered. Terocin was discontinued. Celebrex and Lunesta were prescribed. The diagnosis was a chronic strain / sprain of the lumbar and thoracic spine. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no reported history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. The request is not considered medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work in February 2008 and is being treated for radiating low back pain. When seen, she had pain rated at 8/10. Physical examination findings included thoracic tenderness at T9. There was a normal neurological examination. Medications are referenced as 60% effective. She was working full-time as a registered nurse. A Toradol injection was administered. Terocin was discontinued. Celebrex and Lunesta were prescribed. The diagnosis was a chronic strain / sprain of the lumbar and thoracic spine. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.