

Case Number:	CM15-0219982		
Date Assigned:	11/13/2015	Date of Injury:	08/20/2001
Decision Date:	12/23/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 8-20-01. Current diagnoses or physician impression includes, lumbar-lumbosacral degenerative disc disease, lumbar stenosis, lumbar herniated disc, lumbar radiculopathy, lumbar spondylosis, neuralgia, left knee osteoarthritis, chronic pain syndrome, post lumbar laminectomy syndrome, spondylolisthesis and chronic cervical and lumbar pain. Notes dated 7-22-15, 9-23-15 and 10-9-15 reveals the injured worker presented with complaints of neck and back pain. He is unable to crawl, but can bend and stoop, walk 4 blocks and push, pull and carry 10 pounds. Physical examinations dated 7-22-15, 9-23-15 and 10-9-15 revealed decreased neck and low back range of motion, which is "secondary to stiffness and discomfort". The Straight leg raise is positive at 65 degrees on the left. Treatment to date has included spinal cord stimulator provides, which relief of greater than 80% per note dated 9-23-15; medications- Norco, Ativan, Celebrex (7-2015), Ambien (10-9-15), surgical intervention- cervical (2003, 2007) lumbar (2011) and a cane for stability. Diagnostic studies include lumbar x-rays revealed spondylosis with grade I retrolisthesis, decreased disc spaces-degenerative disc disease and widening of the anterior disc spaces with extension at fixation level and a lumbar MRI. A request for authorization dated 10-9-15 for Celebrex and Ambien is denied, per Utilization Review letter dated 10-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex: 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, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered if the patient has a risk of GI complications but not for the majority of patients. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAIDs. This worker has a history of gastric bypass that may increase bleeding risk. Therefore, if an NSAID is to be considered, it is reasonable to consider a COX 2 inhibitor. According to the MTUS, NSAIDs for chronic low back pain are recommended as an option for short-term symptomatic relief. They may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. There is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The lowest possible dose for the shortest time possible should be used. The medical record indicates this worker is being prescribed NSAIDs long term but there is no documentation of ongoing benefit. While an NSAID may be appropriate for acute exacerbations and breakthrough pain, the chronic long term use of an NSAID is not appropriate particularly without any documentation of benefit in both pain and function, therefore is not medically necessary.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Zolpidem (Ambien).

Decision rationale: The progress notes of 10/9/2015 states "I will prescribe Ambien 10 mg nightly as a sleeping aid has been recommended by a reviewer physician." However the progress note does not include a diagnosis of insomnia in the problem list or the assessment. There is no mention in the progress note of this worker having insomnia. According to the ODG zolpidem is a prescription short-acting nonbenzodiazepine hypnotic which is recommended for short-term treatment of insomnia. It is approved for short-term (usually two to six weeks) treatment of insomnia. There is concern that pain relievers such as zolpidem may increase pain and depression overtime. The medical record in this case does not provide any indication for the use of zolpidem. There is no diagnosis or mention of insomnia. This worker is being treated for depression with an SSRI and has chronic pain. Both of these conditions can be worsened by this medication, therefore is not medically necessary.