

Case Number:	CM15-0220736		
Date Assigned:	11/13/2015	Date of Injury:	09/11/2009
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female who sustained an industrial injury 09-11-09. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine sprain-strain with degenerative disc disease L3-L5 and right lower extremity radiculitis-radiculopathy, as well as dental caries. Medical records (10-06-15) reveal the injured worker complains of pain in the lower back with burning and numbness into the right leg and foot, which is not rated. She also complains of difficulty sleeping. The physical exam (10-06-15) reveals tenderness to palpation in the lumbar spine, loss of lumbar lordosis, and decreased sensation to light touch in the lateral right thigh, posterior and lateral right calf. There is no documentation of the gastrointestinal system or of any issues with the gastrointestinal system. Prior treatment includes acupuncture, physical therapy, lumbar facet blocks, spinal injections, and medications including Norco, Nabumetone, gabapentin, Relafen, Ambien, Celebrex and Omeprazole. The original utilization review (10-21-15) non-certified the requests for Celebrex 200mg 390, Omeprazole 200mg 360, and Ambien 10mg #30. The documentation supports that he injured worker has been on Ambien and Omeprazole since at least 04-07-15 and Celebrex since at least 08-04-15. The treating provider reports (08-04-15) the injured worker was switched from Relafen and gabapentin to Celebrex due to "ongoing symptoms of back pain and radiating symptoms to the right lower extremity." There is not documentation on 04-07-15 regarding reason for the addition of Omeprazole to the medication regimen, or issues with the gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 90 one twice a day as needed for pain: 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, specific drug list & adverse effects.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 NSAIDs specific drug list, states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. 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. In this case, the exam notes from 10/6/15 does not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. There is not documentation of previous history of gastrointestinal complication. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Omeprazole 200mg quantity 60, one orally daily as needed for gastritis: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case, there is insufficient evidence in the records from 10/6/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Prilosec is not medically necessary and non-certified.

Ambien 10mg quantity 30 one at bedtime for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien.

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, Zolpidem (Ambien).

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. There is no evidence in the records from 10/6/15 of insomnia to warrant Ambien. Therefore, the prescription is not medically necessary and thus the determination is for non-certification.