

<b>Case Number:</b>	CM15-0049059		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/27/1995
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 55 year old male, who sustained an industrial injury on 02/27/1995. Medical records provided by the treating physician did not specifically indicate the injured worker's mechanism of injury for the above listed date, but did indicate chronic obstructive pulmonary disease secondary to industrial related exposure to toxic fumes that resulted in asthma and chronic bronchitis with chronic steroid use. The injured worker was diagnosed as having status post right hip replacement revision, lumbar four to five disc protrusion with right lumbar five radiculopathy, and severe reactive depression. Treatment to date has included pool therapy, exercise program, medication regimen, physical therapy, use of a brace, x-rays of the hip and pelvis, and above listed procedure. In a progress note dated 02/02/2015 the treating provider reports complaints of lower back pain and right hip pain with associated symptoms of numbness, tingling, and pain into the right leg down to the ankle. On 2/02/2015 the treating physician requested that the injured worker continues on the medication of Celebrex 200mg daily, but the documentation provided did not indicate the specific reason for this requested medication. On 01/08/2015 the treating physician requested the ongoing use of Clonazepam 0.5mg noting this medication assists in reducing restless legs at night that was related to his sleep apnea secondary to chemical exposure causing permanent pulmonary problems requiring long term Prednisone use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #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 (ODG) Anxiety medication in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 'Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety.' The documentation submitted for review indicates that the injured worker has been using this medication long term. As the treatment is not recommended for long term use, the request is not medically necessary.

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is considered not medically necessary.