

<b>Case Number:</b>	CM14-0215598		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a patient with a date of injury of 10/3/11. A utilization review determination dated 11/24/14 recommends non-certification/modification of Ambien, Celebrex, Norco, and Robaxin. 10/29/14 medical report identifies pain in the low back, bilateral feet, and ankles. Pain is 4/10 with medication and 7-8/10 without. Patient has been giving more thought to the spinal cord stimulator and would like to proceed with the trial. On exam, no abnormal findings are noted. Patient states that pain is decreased and function is improved with medications and without them he would have significant difficulty tolerating even routine activities of daily living. He denies side effects. The provider notes that there are no aberrant drug behaviors and he uses the medications as prescribed. 10/30/14 UDS report is negative for hydrocodone, acetaminophen, and zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg QHS with 3 refills:** 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), Pain Chapter, FDA (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain, Sleep Medication

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. Finally, the drug screen is negative for this medication and there is no rationale clarifying why this medication would not be detected at the time of the most recent drug screen. In the absence of such documentation, the currently requested Ambien is not medically necessary.

**Celebrex 200mg BID #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, FDA (Celebrex)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is no identification of a high risk of GI complications or another clear rationale for its use rather than a nonselective NSAID for this patient. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.

**Norco 10/325mg Q8H #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain Page(s): 79-80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation

available for review, the provider notes pain relief of 3-4 points on the VAS. There is a mention of functional improvement, but no specific examples are provided. The provider also notes an absence of side effects and aberrant behaviors, but the urine drug screen is negative for opioids and there is no rationale identifying an explanation for the negative test result and why that would not be considered an aberrant behavior. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

**Robaxin 500mg QHS #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this sedating muscle relaxant is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin is not medically necessary.