

<b>Case Number:</b>	CM15-0120655		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

This injured worker is a 49 year old female who reported an industrial injury on 2-20-2008. Her diagnoses, and or impression, were noted to include: thoracic-lumbosacral neuritis-radiculitis; multi-level lumbar discogenic condition; and chronic pain syndrome. No current imaging studies were noted. Her treatments were noted to include: a comprehensive psychological qualified medical re-evaluation on 1-26-2015; completion of a functional restoration program; a sleep study (7-1-14); an agreed medical evaluation with supplemental reports (4-27-15); medication management; and rest from work before a return to modified work duties. The progress notes of 4-22-2015 reported complaints of persistent low back pain with muscle spasms, stiffness and tightness that radiated down the leg, aggravated by activity and helped with medications. Objective findings were noted to include use of cane; tenderness across the lumbar para-spinal muscles and pain with facet loading. The physician's requests for treatments were noted to include the continuation of medications, Aciphex, Celebrex and Trazadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

**Decision rationale:** The claimant sustained a work-related injury in February 2008 and is being treated for persistent radiating low back pain. When seen, she had previously taken naproxen with no side effects. She has a past medical history of hypertension. There was lumbar spine tenderness with positive facet loading. The claimant has moderate obstructive sleep apnea. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and naproxen had been prescribed previously without side effects. In this clinical scenario, guidelines do not recommend prescribing either a selective COX-2 medication such as Celebrex (celecoxib). Over a non-selective medication or a proton pump inhibitor such as Aciphex (rabeprazole). The request was not medically necessary.

**Celebrex 200mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

**Decision rationale:** The claimant sustained a work-related injury in February 2008 and is being treated for persistent radiating low back pain. When seen, she had previously taken naproxen with no side effects. She has a past medical history of hypertension. There was lumbar spine tenderness with positive facet loading. The claimant has moderate obstructive sleep apnea. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and naproxen had been prescribed previously without side effects. In this clinical scenario, guidelines do not recommend prescribing either a selective COX-2 medication such as Celebrex (celecoxib). Over a non-selective medication or a proton pump inhibitor such as Aciphex (rabeprazole). The request was not medically necessary.

**Trazodone 50mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006; 29 (11): 1415-1419.

**Decision rationale:** The claimant sustained a work-related injury in February 2008 and is being treated for persistent radiating low back pain. When seen, she had previously taken naproxen with no side effects. She has a past medical history of hypertension. There was lumbar spine tenderness with positive facet loading. The claimant has moderate obstructive sleep apnea. 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. In this case there is a high likelihood that the claimant has secondary insomnia due to obstructive sleep apnea which would potentially be appropriately treated by other means. Continued prescribing of Trazodone without an adequate evaluation of the claimant's insomnia was not medically necessary.