

Case Number:	CM15-0178799		
Date Assigned:	09/21/2015	Date of Injury:	10/10/2003
Decision Date:	10/22/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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: Illinois, California, Texas
 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:

This injured worker is a 63-year-old female who sustained an industrial injury on 10/10/03. The mechanism of injury was not documented. She underwent right total knee replacement in September 2008, and lumbar laminectomy and 4-level fusion on 7/21/11. Records indicated that the injured worker had been prescribed Celebrex 200 mg daily and Lunesta 2 mg daily on 6/29/15 with no specific indications documented. It was noted that she had been taking Ambien and this was changed to Lunesta. The 7/24/15 treating physician report indicated that the injured worker had a history of lumbar spine pain, right total knee replacement and was pending left total knee replacement and a spinal cord stimulator trial. Physical exam documented tenderness over the left hip, crepitus over the left knee, and unstable ambulation requiring a cane. The remainder of the physical exam was illegible. The diagnosis was lumbar/lumbosacral disc degeneration, knee osteoarthritis and internal derangement of the knee. The treatment plan included Tylenol #4, Lunesta 2 mg, Gabapentin 550 mg, Zanaflex 4 mg, and Celebrex 200 mg. The 7/31/15 treating physician report cited complaints of low back pain radiating to the left hip and both thighs, bilateral knee pain, and right shoulder pain. The treating physician indicated that the injured worker was scheduled for a left total knee replacement on 9/9/15. She was status post L2 through S1 laminectomies and fusion with severe pain. She had been cleared for psychologic testing for possible spinal cord stimulator trial. Prior lumbar epidural steroid injection in September 2014 provided greater total hip arthroplasty 60% improvement for more than 8 weeks with return of her radicular pain over 5 months. She reported numbness and tingling in the left lower extremity and diminished sensation in an L5 and S1 dermatomal distribution. Medication management provided by another physician included Gabapentin,

Zanaflex, Ambien and Tylenol #4. Lumbar spine exam documented slightly forward flexed posture with ambulation and mildly antalgic gait toward the left due to hip pain. There was restricted and painful lumbar range of motion. There was lumbosacral paraspinal muscle spasms and myofascial trigger points with twitch response. There was pain with palpation over the right acromioclavicular joint, anterior, and posterior joint lines. There was severe pain over the left greater trochanter, consistent with trochanteric bursitis. Lower extremity neurologic exam documented normal strength, sensation, and reflexes. Straight leg raise was positive bilaterally. The treatment plan included a spinal cord stimulator trial for her low back and radicular pain, continued home exercise program, and right shoulder injection. The injured worker did not require medication refills at this time. Authorization was requested for spinal cord stimulator trial with two 8 contact leads, Celebrex 200 mg #30 as prescribed 7/24/15, and Lunesta 2 mg #30 as prescribed on 7/24/15. The 9/2/15 utilization review non-certified the request for a spinal cord stimulator trial as there was no evidence of psychological clearance for the trial. The request for Lunesta 2mg # 30 was non-certified as guidelines recommend Lunesta only in the two-month acute post-injury phase and there was no acute indication for current use. The request for Celebrex 200mg #30 was non-certified as gastrointestinal risk factors that would support the use of Celebrex instead of a nonselective non-steroidal anti-inflammatory drug were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30 as prescribed on 7/24/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Eszopicolone (Lunesta); Mental Illness & Stress: Eszopicolone (Lunesta).

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendations relative to Lunesta. The Official Disability Guidelines state that Lunesta is not recommended for long-term use, but recommended for short-term use. Guidelines recommend limiting use of hypnotics, like Lunesta, to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Guideline criteria have not been met. This injured worker present with chronic low back and bilateral knee pain. There is no documentation of sleep disturbance or insomnia. This medication was prescribed on 6/29/15 instead of Ambien with no rationale provided. There is no subsequent documentation of any specific change in sleep parameters with the introduction of this medication. Guidelines do not support use beyond 3 weeks in acute injuries or for chronic pain patients. Therefore, this request is not medically necessary.

Celebrex 200mg #30 as prescribed on 7/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The California MTUS guidelines support the use of Celebrex, a non-steroidal anti-inflammatory drug (NSAID) for the relief of signs and symptoms of osteoarthritis. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have not been met. The use of Celebrex was initiated on 6/29/15 with no subsequent documentation of any specific pain relief or functional benefit associated with the addition of this medication. In the absence of documented benefit, continuation is not indicated. Therefore, this request is not medically necessary.

SCS trial with two 8 contact leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker has been diagnosed with failed back syndrome. She has reportedly failed less invasive procedures for her radicular low back pain. However, there is no evidence that psychological clearance has been obtained. Therefore, this request is not medically necessary at this time.