

Case Number:	CM15-0079474		
Date Assigned:	04/30/2015	Date of Injury:	09/20/2000
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 09/20/2000. He has reported injury to the low back. The diagnoses have included discogenic low back pain; lumbar spondylosis; and lumbar spine sprain/strain syndrome. Treatment to date has included medications, diagnostics, bracing, lumbar epidural injection, and intradiscal electrothermal annuloplasty (IDET) times two. Medications have included Celebrex, Zanaflex, Intermezzo, Ambien, Fentora, Hydrocodone, and Valium. A progress note from the treating physician, dated 02/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent pain and discomfort of the low back; pain constantly radiates down the lumbar spine to the buttocks and hips and down the legs to the feet; pain level is 7-8/10 on the visual analog scale; and the medications help manage his pain to a certain degree. Objective findings included marked localized tenderness to the left of the midline at L4-L5; paraspinal muscle tenderness to palpation; decreased sensation to light touch, lumbar spine; and range of motion is painful. The treatment plan has included the request for Celebrex 200mg; and Intermezzo 3.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant had persistent and increasing pain (recently- 7/10) despite months use of Celebrex. Invasive procedures were needed to relieve pain. The Celebrex is not medically necessary.

Intermezzo 3.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia medications and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Intermezzo) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not noted. It is unclear if pain is causing sleep issues versus a primary sleep disorder. Continued use of Zolpidem (Intermezzo) is not medically necessary.