MAXIMUS Federal Services

Case Number:	CM13-0013361		
Date Assigned:	10/11/2013	Date of Injury:	08/27/2005
Decision Date:	01/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedica Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 47-year-old female injured 08/28/05. Clinical records for review include progress report dated 07/01/13 stating the claimant was with continued complaints of neck pain, low back pain, noted to be unchanged since previous assessment. Her activity level was noted to have increased and her sleep quality, however, was noted to be poor. Her current medications in regards to her treatment at present are including Prilosec, Celebrex, Lyrica, Norco, Bupropion, and Simvastatin. Objectively there was noted to be restricted cervical motion at endpoints with negative Spurling's maneuvers. Lumbar range of motion was also noted to be mildly diminished at endpoints with tenderness to palpation noted over the shoulder, medial epicondyle of the right elbow, and the radial and ulnar aspect of the right wrist. There was a positive left sided Finkelstein's test and restricted motor function at 5-/5 to the right EHL, right ankle dorsiflexor, right ankle plantar flexor, and knee flexion. Sensory examination was noted to be diminished over the lateral foot and lateral calf. The claimant was given the diagnosis of 1) low back pain, 2) cervical radiculopathy, 3) carpal tunnel syndrome, 4) shoulder pain, 5) cervical facet syndrome, and 6) lumbar facet syndrome. There is current request for continuation of medication management in the form of Prilosec and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg per 1 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID).

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment guidelines, the continued role of Celebrex and nonsteroidal antiinflammatory would not be indicated. Guidelines in regards to continued use of nonsteroidal medications in a chronic low back situation states that they are recommended as an option for short term symptomatic relief with no sustaining benefit over other drugs such as Acetaminophen, muscle relaxants or narcotic analgesics. Nonsteroidals are also noted to be with a higher adverse effect ratio and evidence also suggests that no antiinflammatory including COX-2 inhibitors are more effective than the other. Clinical records for review indicate that the claimant has been treated for seven years with medication management in regards to her chronic complaints of pain. Records do not indicate symptomatic flare with last clinical assessment actually stating the claimant is improving. Given the chronic use of this agent, its continued role for long term symptomatic management would not be indicated per guideline criteria which recommends its use in the shortest frequency possible. Specific request would not be indicated.

Prilosec 20mg per 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID), GI symptoms and Cardiovascular risk.

Decision rationale: Continued role of Prilosec a proton pump inhibitor also would not be indicated. In regards to gastrointestinal risk factors, this claimant fails to meet any based on California MTUS Chronic Pain Medical Treatment Guidelines. She does not have an age over 65 years, a history of peptic ulcer, GI bleeding, or perforation, demonstrates no use of concordant aspirin, Corticosteroid, or anticoagulants and does not demonstrate use of high dose or multiple nonsteroidals. There is nothing indicating the claimant to be at increased risk of GI risk at present. The concordant use of Celebrex is also not supported. The role of continued use of Prilosec thus would not be indicated.