

<b>Case Number:</b>	CM13-0018177		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	12/23/2001
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 23, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier wrist arthroscopy and triangular fibrocartilage debridement; at least three to four prior epidural steroid injections; two prior shoulder surgeries; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of August 21, 2013, the claims administrator approved an epidural steroid injection, denied a request for Celebrex, denied a request for omeprazole, and denied laboratory testing. Although the MTUS did address the topic of laboratory testing, the claims administrator cited non-MTUS Guidelines in this denial. The applicant's attorney subsequently appealed. An earlier progress note of June 10, 2013 is notable for comments that the applicant reports ongoing neck pain, 6/10 with medications and 8-9/10 without medications. The applicant is apparently currently on Skelaxin and hydrocodone. Comprehensive metabolic profile to include liver and renal function testing was endorsed. On August 9, 2013, the applicant reports heightened complaints of neck pain with associated numbness, tingling, paresthesias. The applicant was reporting 6-7/10 pain with medications and 9/10 pain without medications. The applicant is presently on Vicodin and Skelaxin. The applicant stated that his ability to perform activities of daily living was heightened as a result of ongoing medication usage. Celebrex was endorsed as an anti-inflammatory, along with omeprazole. The applicant was described as having issues with NSAID-induced gastritis. Comprehensive metabolic panel testing was again endorsed. The attending provider stated that he wished to search for end-organ damage to ensure that the applicant's renal and hepatic functions were consistent with currently prescribed medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CELEBREX 100MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), GASTROINTESTINAL (G.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered if an applicant has a history of Gastrointestinal (GI) complications but are not typically indicated for the majority of applicants. In this case, however, contrary to what was suggested by the claims administrator, the applicant in fact has a history of gastritis, the attending provider has posited. Usage of a COX-2 selective Non-Steroidal Anti-Inflammatory Drugs (NSAID) is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

### **OMEPRAZOLE 20MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), GASTROINTESTINAL (G.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), GASTROINTESTINAL (GI) SYMPTOMS, AND CARDIOVASCULA.

**Decision rationale:** As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant's history of gastritis does predispose him toward development of further adverse Gastrointestinal (GI) events with Non-Steroidal Anti-Inflammatory Drugs (NSAID) usage. Introduction of a proton pump inhibitor, omeprazole, to combat the same is indicated and appropriate, as suggested on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

### **COMPREHENSIVE METABOLIC PANEL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), GASTROINTESTINAL (G.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), SPECIFIC DRUG LISTS AND ADVERSE EFFECTS Page(s):.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring in those applicants using NSAIDs includes CBC, renal function testing, and hepatic function testing. The proposed comprehensive metabolic panel does include renal and hepatic function testing, as noted by the attending provider. In this case, the attending provider is using several analgesic medications, including NSAIDs and opioids. Obtaining laboratory testing for routine monitoring purposes is therefore indicated and appropriate, as suggested on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified.