

Case Number:	CM13-0018997		
Date Assigned:	03/12/2014	Date of Injury:	05/06/1999
Decision Date:	04/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/30/2013

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

This is a 66 year old claimant with pain about the right shoulder for which additional physical therapy 2 times a week for 4 weeks; Celebrex, a COX2 type Non-steroidal medication, 200mg x 30 tablets; and Nexium, a proton pump inhibitor medication, 40 mg x 30 tablets have been requested on 8/5/2012. The IMR was initiated on 8/27/13. The claimant suffered the original industrial injury on 5/6/1999. Treatment ensued and on 12/14/07 there was Orthopedic Qualified Medical Examination that determined that the claimant had reached Maximal Medical Improvement and the injury was limited to Acromio Clavicular (AC) arthrosis with degenerative tears of the rotator cuff, right greater left and no cervical spine injury. Surgery had been recommended but the claimant had declined. The claimant returned to treatment on 8/5/12 and complained of left shoulder pain with documentation of active Range-of Motion restrictions. Flexion was noted to be 110 degrees,; abduction was 100 degrees and adduction was 100 degrees. There was positive Impingement signs with resisted arm abduction. These were similar to signs and symptom previously. The treatment plan was to resume a home exercise program in addition to monitored physical therapy 2 times a week for 4 weeks. The last monitored physical therapy was under the direction of [REDACTED] in 2004 which helped but there was residual pain such that [REDACTED] offered surgical correction which the claimant declined. There are no physical therapy notes to verify duration or response to therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The claimant is well into the chronic phase of care. The claimant has been afforded multiple sessions of monitored physical therapy since the original industrial injury of 1999, such that expectations were provided to the claimant that he would continue to maintain himself with participation in a self-directed Home exercise program. Specifically he had Physical therapy for his shoulder in 2004 with [REDACTED] which provided some relief but still had some chronic complains. For this [REDACTED] offered surgical correction but the claimant declined.

CELEBREX 200MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: There is no objective documentation of any gastrointestinal risk for this claimant. There is no documentation of any previous Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) from which the claimant had gastrointestinal complications to warrant prescription of a selective COX-2 drug, such as Celebrex. There is insufficient documentation to support the use of Celebrex instead of over the counter non-steroidal Anti-Inflammatory Drugs, such as Ibuprofen or Naprosyn. NSAIDs like Naprosyn have a better cardiovascular risk profile over COX-2 inhibitors and there are no gastrointestinal risk factors to warrant Celebrex.

NEXIUM 40MG 330: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIVASCULAR RISK Page(s): 68.

Decision rationale: The claimant has had some dyspepsia for which some proton pump inhibitor may have been of some benefit. CAMTUS would opine that the efficacy of all proton pump inhibitors are of similar efficacy such that Omeprazole or Lansoprazole represent the preferred options. There is insufficient documentation to support the prescriptive use of Nexium over the CAMTUS preferred options.