

<b>Case Number:</b>	CM13-0045761		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 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 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 patient is a 44 year old female with date of injury 9/17/2001. The mechanism of injury was not noted in records. The primary treating physician's progress report, dated 8/14/2013, states subjective complaints as pain in the neck and left shoulder. She claims her quality of sleep is poor. The objective findings include examination of the cervical spine showed no cervical lordosis, asymmetry or abnormal curvature. Range of motion is restricted and tenderness is noted on the right side, hypertonicity and tenderness are noted on the left side. Examination of the right shoulder showed restricted movement limited by pain. Rotator cuff function is normal and no tenderness is noted on palpation. The patient is permanent and stationary. The diagnoses are shoulder pain, cervical radiculopathy, cervical pain, spasm of muscle and mood disorder. The patient has had multiple x-rays of the cervical spine and cervical MRI's that show moderate to severe cervical spondylosis. The patient's medications include Celebrex 200mg capsules SIG: Take 1 daily, Soma 250mg tablet SIG: Take 1 at bedtime as needed, Nexium 40mg capsule SIG: Take 1 daily and Percocet 10-325 mg tablet SIG: Take 1 every 4-6 hours as needed for pain (maximum 6/day). The patient reported she has decreased use of Percocet since her cervical epidural steroid injection on 6/28/2013. The patient has been on her current medication regimen since at least February 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section, page 68 Page(s): 68.

**Decision rationale:** Physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can be started on a non-selective NSAID with either a Proton Pump Inhibitor or a Cox-2 selective agent. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Esomeprazole.

**Celebrex 200mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section, pages 67-73 Page(s): 67-73.

**Decision rationale:** Multiple cervical x-rays and cervical MRI's have shown the presence of moderate to severe cervical spondylosis. Cervical spondylosis is a neurosurgical term for cervical osteoarthritis. The California MTUS Guidelines recommend NSAIDs such as Celebrex at the lowest dose for the shortest period in patients with moderate to severe pain due to osteoarthritis. The patient is currently on the recommended dose of 200 mg per day. The primary treating physician has documented several times that the patient's current medication regimen has allowed her to be active and remain functional in her activities of daily living. There is adequate evidence in the medical record which shows that Celebrex improves the patient's functional capacity. The patient is currently working full-time. I am reversing the previous utilization review decision. The initial request for Celebrex 200 mg capsules is certified.