

Case Number:	CM14-0003368		
Date Assigned:	01/31/2014	Date of Injury:	03/22/2011
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 67-year-old male who reported injury on 03/22/2011. The mechanism of injury was not provided. The injured worker's medication history included Butrans, Lyrica, Celebrex, and omeprazole since 02/2013. The documentation of 12/09/2013 revealed the injured worker had trialed physical therapy and chiropractic treatment which provided temporary pain relief. The injured worker noted that an alleviating factor was an epidural or a medial branch block. The diagnoses included post laminectomy syndrome of the lumbar region, thoracic or lumbosacral neuritis unspecified, sciatica, lumbosacral spondylosis without myelopathy, and lumbago. The treatment plan included Butrans patch 5mcg/hr #4, Lyrica 50 mg by mouth 3 times a day #90, Celebrex 200 mg by mouth twice a day #60, and omeprazole 20 mg by mouth twice a day, and a bilateral L5-S1 transforaminal epidural steroid injection with a 2 week follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for the short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 02/2013. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Celebrex 200 mg #60 is not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy. The clinician should determine if the patient is at risk for gastrointestinal events including age greater than 65 years or a history of peptic ulcers, gastrointestinal (GI) bleed or perforation, or the concurrent use of aspirin, corticosteroids or an anticoagulant or a high dose/multiple NSAID. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 02/2013. There was a lack of documentation of objective benefit received from the medication. There was a lack of documentation indicating the injured worker was at risk for GI symptoms. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.