

Case Number:	CM14-0006897		
Date Assigned:	02/07/2014	Date of Injury:	06/24/2008
Decision Date:	08/05/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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 Nevada. 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 56-year-old male who was reportedly injured on June 24, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 16, 2014, indicates that there are ongoing complaints of head pain, headaches, cervical spine pain, left elbow pain, left hand pain, left lower extremity pain, sleep disorder and sexual dysfunction. The physical examination demonstrated decreased cervical spine, left elbow and left wrist range of motion. There was a diagnosis of cervical spine radiculopathy, left upper extremity paresthesias, and depression. The treatment plan included refills of Omeprazole, Tylenol, and BuSpar. A request was made for Celebrex, Omeprazole and 12 Chiropractic manipulation sessions and was not certified in the pre-authorization process on December 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30 of 126.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines support the use of Celebrex, in select clinical settings of acute pain and in conditions for which non-steroidal anti-inflammatory drugs are recommended when the claimant has a risk of gastrointestinal complications. The medical record provides clinical data to support a diagnosis of chronic pain, however there is no documentation in the record of gastritis, or any other risk factor. In the absence of documentation of risk factors to identify the injured employee to be at high risk, the use of this medication in the setting of chronic pain would not be supported by the guidelines. Therefore, this request for Celebrex is not medically necessary.

Omeprazole 20mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, the use of this request for omeprazole is not clinically indicated and not medically necessary.

12 Chiropractic manipulation sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 of 127.

Decision rationale: The stated date of injury for this employee occurred over five years ago. The most recent progress note dated January 16, 2014, does not indicate what prior conservative treatment measures have been employed. Specifically there is no documentation regarding the efficacy of prior chiropractic care or physical therapy. For these reasons this request for 12 chiropractic manipulation sessions is not medically necessary.