

<b>Case Number:</b>	CM14-0100341		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 low back pain reportedly associated with an industrial injury of February 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 3, 2014, the claims administrator approved a request for Trazodone, Colace, and Vicodin while denying Celebrex and Prilosec. The applicant's attorney subsequently appealed. In a telephone encounter dated December 17, 2013, it was stated that the applicant was using Colace, Celebrex, Vicodin, Prilosec, and Effexor. In a January 2, 2014 progress note, the applicant reported persistent complaints of axial low back pain. The applicant was given a primary diagnosis of spinal stenosis. The applicant stated that her medications were working well. The applicant was on Colace, Celebrex, Vicodin, Prilosec, and Effexor. The applicant had a BMI (Body Mass Index) of 32. Celebrex, Colace, Vicodin, and Prilosec were sought. It was stated that Prilosec was being employed for GI upset and reflux secondary to medications. It was stated that ibuprofen had been earlier discontinued owing to issues with acid reflux. It was stated that the applicant was not working with limitations in place. On March 12, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that medications were reportedly working. The attending provider did not quantify the improvement with medications, however. The applicant's activities of daily living were reportedly unchanged. It was acknowledged that the applicant was not working with the rather proscriptive limitations in place. It was seemingly stated that Prilosec was being employed for GI upset issues. The applicant was asked to continue Celebrex. On April 3, 2014, the applicant was described as having 7/10 pain without medications versus 3/10 pain with medications. The applicant's BMI (Body Mass Index) was 34.

The applicant, once again, was not working. It was again stated that Prilosec was being employed to combat issues with heartburn. There was no mention of what activities of daily living were specifically ameliorated with ongoing medication usage, including ongoing Celebrex usage.

### **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, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who have a history or are at heightened risk for GI complications, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the fact that the applicant is off of work, is having difficulty performing even basic activities of daily living, and remains highly reliant and highly dependent on opioid agents such as Vicodin, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Celebrex. Therefore, the request of Celebrex 200mg #60 is not medically necessary and appropriate.

**Prilosec 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, Proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, the applicant is, in fact, reporting issues with NSAID-induced dyspepsia, which have reportedly been attenuated as a result of ongoing Prilosec usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request of Prilosec 20mg #30 is medically necessary.