

<b>Case Number:</b>	CM14-0010756		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine & 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 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 injured worker is a 64-year-old female who reported injury on 12/27/2010. The mechanism of injury was a misstep on a ladder and a fall backwards. The injured worker had a left shoulder arthroscopic subacromial decompression, glenohumeral debridement, and biceps tenotomy on 03/21/2012. Other therapies included medications, an elbow brace, and physical therapy as well as a TENS unit, massage, and trigger point injections. The clinical documentation indicated the injured worker had been utilizing Celebrex, Norco, and omeprazole as of at least 09/2013. The documentation of 12/24/2013 revealed the injured worker's diagnoses included myalgia and myositis as well as brachial neuritis NOS. The request was made for continued medications including Celebrex 200 mg 1 capsule daily, omeprazole 20 mg capsule 1 daily, Norco 5/235 mg tablets 1 tablet twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CELEBREX 200 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

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

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of 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 goals. 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 at least 09/2013. There was a lack of documentation of objective functional benefit and an objective decrease in pain. Additionally, the request as submitted failed to indicate the quantity of medication and the frequency for the requested medication. Given the above, the request for Celebrex 200 mg is not medically necessary.

**NORCO 5/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional benefit and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review fails to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing the medication since at least 09/2013. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Norco 5/325 is not medically necessary.

**PRILOSEC 20 MG:** Upheld

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

**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 NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Prilosec 20 mg is not medically necessary.