

Case Number:	CM14-0116262		
Date Assigned:	08/04/2014	Date of Injury:	06/18/1997
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Emergency Medicine 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 66-year-old male who reported an injury on 06/18/1997. The mechanism of injury was not provided. On 07/30/2014, the injured worker presented with left foot pain and a follow-up for lumbar disc disease. Upon examination, the injured worker was obese with no distress, clear lungs, and a heart with a regular rate and rhythm. The diagnoses were work related lumbar disc disease and left foot pain and recurrent inflammation. Current medications included Alprazolam and Humulin. Provider recommended Celebrex, hydrocodone/APAP, and Pantoprazole. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guidelines state that all NSAIDs are associated risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing

hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, Celebrex 200mg #60 is not medically necessary.

Hydroco/APAP 10/325mg #60: 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 Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, Hydroco/APAP 10/325mg #60 is not medically necessary.

Pantoprazole 40mg #30: 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 GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are moderate to high risk for gastrointestinal events. There is a lack of documentation of the efficacy of the prior use of the medication. The provider's request does not include the frequency of the medication in the request as submitted. The injured worker does not have a diagnosis congruent with the guideline recommendations. As such, Pantoprazole 40mg #30 is not medically necessary.