MAXIMUS Federal Services

Case Number:	CM14-0120758		
Date Assigned:	08/06/2014	Date of Injury:	05/17/1998
Decision Date:	09/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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 Pain 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 injured worker is a 66 year old female with a reported date of injury on 08/17/1998. The mechanism of injury was not provided. The injured worker's diagnoses include lumbago, degeneration intervertebral disc, sprain and strain of lumbosacral, degenerative disc disease. The injured worker's past treatment includes medication therapy. The injured worker has undergone EMG/NCV on 03/21/2014 which was normal. No surgical history was provided. The injured worker was seen for follow up on 03/06/2014 and complained of low back pain with radiation to left knee especially since left shoulder surgery and increased weight bearing that is worse in the winter. The clinician observed and reported lumbar spasm, decreased lordosis, stiff range of motion, no temperature gradient, crepitus and positive right leg raise. On 04/24/2014 the injured worker was seen for follow up and reported increased low back and bilateral lower extremity pain worse to right buttock, thigh, leg, and foot, and similar, though less severe pain in the left lower extremity. The clinician observed and reported warm, well perfused, non-edematous extremities, strength of 5/5 in upper and lower extremities, normal sensation to light touch in upper and lower extremities, antalgic gait not favoring either side. The injured worker was seen for follow up visit on 05/07/2014 during which she complained of chronic low back pain worse with sitting in one position for 30 minutes and described as sharp and shooting, right leg becomes numb, and inner knee pain as well, numb toes on both feet when walking, sitting or lying down, and frequently awakened by pain. The clinician observed and reported lumbar spasms, decreased lordosis, stiff range of motion, pain to palpation L2-5, positive leg raising test, 1+ reflexes, and decreased sensation to toes. The injured worker was seen for follow up on 07/02/2014 and complained of chronic low back pain worse with walking, standing, lifting, and bending over with radiation to the right lower extremity, and occasionally sharp pain to the anterior aspect of the right thigh even when at rest but especially with increased activity. The

clinician observed and reported lumbar spasms, decreased lordosis, crepitus, positive right leg raising, and numb feeling toes to the right foot. The injured worker's medications included Ibuprofen, Meloxicam, Naproxen, Celebrex 200 mg daily, Rozerem 8 mg at bedtime, Omeprazole 20 mg daily, Norco 10/325 mg 2 tabs four times per day, and Valium 5 mg daily. The request is for Celebrex 200mg #30 and Omeprazole 20mg #30 because the injured worker needs her medications to complete her activities of daily living. The request for authorization form was submitted on 03/14/2014, 05/07/2014, and 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #30 is not medically necessary. The injured worker was on non-steroidal anti-inflammatories (NSAIDs). The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of a proton pump inhibitor if the injured worker is taking NSAIDs and is at risk for gastrointestinal events. The risk factors include an age greater than or equal to 65 years and high dose or multiple NSAID use. The injured worker was 65 years of age on the date of the original request for authorization and use of multiple NSAIDs were documented. However, no dosing instructions were provided on the request for review. Therefore, the request for Omeprazole 20 mg #30 is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, and NSAIDs (non-steroidal-anti-inflammatory drugs) Page(s): 22, 68-69.

Decision rationale: The request for Celebrex 200 mg #30 is not medically necessary. The injured worker had chronic low back pain and medication lists provided from clinicians and a pharmacy indicate the use of multiple anti-inflammatory medications. The California MTUS Chronic Pain Medical Treatment Guidelines recommend NSAIDs as an option for short term, symptomatic relief. The injured worker had multiple medications for pain, including other NSAIDs. No dosing instructions were listed on the request for review; however, on the original request for authorization dated 03/14/2014, Celebrex was prescribed to be taken daily. Neither long term nor prophylactic use of NSAIDs are recommended. Therefore, the request for Celebrex 200 mg #30 is not medically necessary.