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| Case Number: | CM14-0151835 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 08/08/2009 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 August 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; an ankle foot orthosis; earlier lumbar fusion surgery in May 2012; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 12, 2014, the claims administrator failed to approve a request for Nexium and Celebrex. The applicant's attorney subsequently appealed. In a progress note dated January 20, 2014, the applicant reported persistent complaints of low back pain. Painful and limited ranges of motion were noted about the lumbar spine with persistent weakness about the left leg. Permanent work restrictions were renewed. Additional acupuncture was sought. It did not appear that the applicant was working with permanent limitations in place. In a progress note dated January 14, 2014, the applicant reported 8-9/10 pain and associated complaints of poor sleep quality. The applicant was asked to continue Lyrica and Celebrex. Nexium was also apparently renewed. It was stated that the applicant could consider a spinal cord stimulator and/or intrathecal pump, provided the applicant was not a candidate for further spine surgery. In a January 14, 2014 progress note, the applicant stated that omeprazole was not as helpful as Nexium had been in the past. On February 11, 2014, the applicant stated that Nexium was working okay. The applicant stated that Celebrex and Lyrica, however, were providing only minimal relief. The note was very difficult to follow. In the work status section report, it was stated that the applicant was "working" in one section, while another section stated that the applicant was "retired" and yet another section stated that the applicant was "on disability." The applicant was asked to increase Nexium, continue Lyrica, and continue Celebrex. The applicant was given a trial of Abstral. The applicant was apparently using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 mg, thirty count: Overturned

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, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are recommended to combat issues with NSAID-induced dyspepsia. In this case, the applicant has apparently developed issues with NSAID-induced dyspepsia; it has been stated, albeit incompletely and obliquely, on several occasions referenced above. Ongoing usage of Nexium has ameliorated the applicant's symptoms of reflux; it has been suggested, again, obliquely, above. The attending provider did write that Nexium was proving more efficacious than Prilosec, which the applicant had formerly used. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Celebrex 200 mg, sixty count: 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 Anti-inflammatory Medications topic. Page(s): 7 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, does support COX-2 inhibitors such as Celebrex in applicants who have a history of GI complications which would prevent provision of non-selective NSAIDs such as Motrin or naproxen. 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, however, the applicant is off of work. The applicant is seemingly receiving both Workers' Compensation indemnity and disability benefits. Ongoing usage of Celebrex has failed to curtail the applicant's dependence on opioid agents such as fentanyl. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.