

Case Number:	CM14-0035387		
Date Assigned:	06/23/2014	Date of Injury:	07/29/2009
Decision Date:	07/28/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehabilitation 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 50-year-old female who reported an injury on 07/29/2009 and the mechanism of injury was not provided in the medical records. The patient had a left shoulder rotator cuff repair in 2009. The patient has continued to be symptomatic of left shoulder, neck, wrist, and upper back pain. Per the clinical note dated 01/16/2014, the patient still had complaints of pain and discomfort involving multiple body parts including her neck, low back, left wrist, shoulder, and upper back. On examination, the physician reported there was tenderness to palpation in the anterior shoulder and posterior shoulder, range of motion was decreased in the left shoulder, and deep tendon reflexes were 2/2. The physician reported light touch sensation was present in the bilateral upper extremities and the motor strength was decreased in the left shoulder. The physician reported the injured worker was participating in a functional rehabilitation program to help better manage her chronic pain condition and discomfort. The physician's treatment plan included a prescription for Celebrex and Prilosec for inflammation and GI upset control. The physician encouraged the patient to do exercises to minimize her pain and discomfort and to apply the TENS unit 30 minutes each time, several times a day. Per the clinical note dated 02/12/2014, the patient continued to have complaints of pain and discomfort involving her low back, left wrist, left shoulder, and upper back. On examination, the physician reported there was tenderness to palpation on the anterior and posterior left shoulder, decreased range of motion, and the deep tendon reflexes were 2/2. The physician reported there was rotator cuff impingement and decreased cervical and thoracic spine range of motion. The physician's treatment plan included a recommendation for the patient to continue using Celebrex and Prilosec and he recommended the patient to try Tylenol No. 3 one tablet up to twice a day as needed. The physician encouraged the patient to do exercises at no pain range and to apply modality treatment on an as needed basis. The current request is for a

TENS unit, Celebrex 200 mg quantity # 30, and Prilosec 20 mg quantity # 30. The request for authorization date was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request is not medically necessary. The California MTUS state a 1 month trial of a TENS unit is recommended along with a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be a documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried, including medication, and have failed. The clinical documentation provided indicated that the patient continued to have chronic pain in her neck, low back, left wrist, shoulder, and upper back. Per the clinical notes, the patient reported that her current medication was not sufficient to control her pain and discomfort. The clinical documentation provided indicated that the patient had received a functional restoration program evaluation but she was waiting on an approval for treatment. The guidelines state that a 1 month trial of the TENS unit along with a program of evidence based functional restoration for chronic neuropathic pain would be appropriate. However, the patient had a functional restoration program evaluation but had not been approved for treatment at this time. As such, the request for the TENS unit is not medically necessary.

Celebrex 200 mg Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: The current request is not medically necessary. The California MTUS Guidelines indicate that Celebrex is an NSAID and is a traditional first line of treatment, to reduce pain, activity, and functional restoration but long-term use is not recommended. The clinical documentation provided indicated the patient had been using Celebrex but she reported that it was not sufficient in controlling her pain. However, the clinical documentation did not include a pain evaluation to indicate the effectiveness of the Celebrex and if the patient had functional improvements with the medication. As such, the request for Celebrex 200 mg quantity 30 is not medically necessary.

Prilosec 20 mg Quantity 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The current request is not medically necessary. The California MTUS Guidelines state proton pump inhibitors are recommended if patients are taking NSAIDs, and are over age 65, have a history of peptic ulcers, GI bleed or perforation, or current use of ASA, corticosteroids, and/or anticoagulants. The guidelines support the use of proton pump inhibitors for dyspepsia secondary to NSAID therapy. The clinical documentation provided indicated the patient was prescribed Prilosec 20 mg due to complaints of upset stomach while using Celebrex. The clinical documentation provided the rationale to support the use of proton pump inhibitors. However, the request for Celebrex was not supported. As such, the request for Prilosec 20 mg quantity 30 is not medically necessary.