

Case Number:	CM14-0067521		
Date Assigned:	07/11/2014	Date of Injury:	05/03/2007
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old female was reportedly injured on 5/3/2007. The mechanism of injury is not listed. The most recent progress note dated 5/9/2014, indicates that there are ongoing complaints of low back and bilateral hip pain. Physical examination demonstrated tenderness to lumbar paraspinals; lumbar spine flexion 40, extension 10, and lateral bending 15; positive straight leg raise bilaterally; sensation decreased left L5; motor strength decreased in the left lower extremity; decreased LE deep tendon reflexes; tenderness to lateral hips and SI joints with limited hip range of motion due to pain; positive Patrick's, Faber's, pelvic thrust, Gaenslen's and Yeoman's tests. MRI of the lumbar spine dated 4/28/2014 demonstrated a small asymmetric left disk protrusion, mild to moderate left foraminal narrowing, mild central canal stenosis at L2/3, and a disk bulge, mild to moderate bilateral foraminal narrowing and mild central canal stenosis at L3/4 (similar to prior study). Diagnosis: lumbar degenerative disk disease and sacroiliac joint dysfunction. Previous treatment includes physical therapy, chiropractic treatment, SI joint injections, lumbar facet injections, aquatic exercises, epidural steroid injections and medications to include Celebrex, Ultracet, Flector patch, Prilosec and Synthroid. A request had been made for Prilosec 40 mg #30 X3; Celebrex 200 mg #60 X3; Flector patch #60 X3 in the utilization review on 4/8/2014. A modified certification was granted for Celebrex #30 X3; Prilosec and Flector patch were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg CPDR (Omeprazole) thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (greater than one year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document any signs or symptoms of GI (gastrointestinal) distress which would require PPI treatment. As such, the request for Prilosec 40 mg CPDR (Omeprazole) thirty count with three refills is not considered medically necessary or appropriate.

Celebrex 200 mg capsules (Celecoxib) sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22, 30, 70 OF 126.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of Celebrex in select clinical settings of acute and chronic pain in conditions for which NSAIDs (non-steroidal anti-inflammatory drugs) are recommended, but there is a significant risk of GI complications. Review of the available medical records, reports chronic low back pain since 2007, but fails to document any risk or signs/symptoms of GI complications. Furthermore, the guidelines only recommend 200 mg a day. Given the lack of clinical documentation to justify deviation from the guidelines, this request for Celebrex 200 mg capsules (Celecoxib) sixty count with three refills is not medically necessary or appropriate.

Flector Patch (Diclofenac Epolamine Patch) sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-48. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111, 112 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. The claimant suffers from low

back and hip pain. Therefore, the request for Flector Patch (Diclofenac Epolamine Patch) sixty count with three refills is not medically necessary or appropriate.