

<b>Case Number:</b>	CM14-0075757		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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:

This injured worker is a female with date of injury 7/11/2013. Per pain specialist progress report dated 5/2/2014, the injured worker returned for a follow up visit. She has agreed to pursue physical therapy for six sessions to see if she can make significant improvement. She has been placed on modified duty, four hours per day, however, the employer cannot accommodate her and thus she is essentially temporarily totally disabled. She has not used the Voltaren gel, as apparently the prescription did not prescribe the amount to be given, which, which was 100 grams. She does use the other medications to good effect. On exam she is 194 pounds, her blood pressure is 153/103 mmHG and pulse is 91 bpm. Diagnoses include 1) carpal tunnel syndrome 2) myalgia and myositis, unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100mg, 1 tablet by mouth daily, #30.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications section, NSAIDs, Specific Drug List and Adverse Effects section Page(s): 22, 70.

**Decision rationale:** Per the MTUS Guidelines, the use of selective COX-2 Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of Gastrointestinal (GI) complications, but not for the majority of patients. The medical necessity of Celebrex over generic NSAIDs has not been established. The request for Celebrex 100 mg, 1 tablet by mouth daily, #30 is not medically necessary and appropriate.

**Hydrocodone 5/325mg, 1 tablet by mouth daily, #30.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81, 91, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 5/325 mg, 1 tablet by mouth daily, #30 is not medically necessary and appropriate.

**Omeprazole 20mg, 1 tablet by mouth daily, #30.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Omeprazole, are recommended when using Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20 mg, 1 tablet by mouth daily, #30 is not medically necessary and appropriate.

**Voltaren gel 3-4 applications per day, #100 grams.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-7, 111, 112.

**Decision rationale:** The use of Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Topical NSAIDs have been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another two week period. This injured worker has not been diagnosed with osteoarthritis, and has a chronic injury for which NSAIDs is not recommended. The request for Voltaren gel 3-4 applications per day, #100 gm is not medically necessary and appropriate.