

<b>Case Number:</b>	CM14-0096424		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Illinois. 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 58-year-old female who reported an injury on 04/11/2012, due to an unknown mechanism. Diagnosis was joint pain localized in the right shoulder. Physical examination dated 01/21/2014 revealed pain reported at a 4/10 on the pain scale. The injured worker was complaining of right shoulder pain. Examination revealed palpation caused pain of the right shoulder. Right shoulder range of motion was limited. Motor strength was decreased. There was pain upon palpation from the neck to the right scapula. Manual therapy was performed on the therapy. The injured worker reported decreased pain increased joint mobility after the manual therapy. It was reported that the injured worker was having difficulty progressing with regard to her right shoulder. It was reported that the injured worker was not participating in a home exercise program on a regular basis. Treatment plan was for medications. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec20mg #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  
Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) Age greater than 65 years of age; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; (4) or high dose/multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed or perforation. It did not appear the injured worker was at risk for gastrointestinal events. Based on the lack of documentation detailing a clear indication for the use of Prilosec, this request of Prilosec 20mg #30 is not medically necessary and appropriate.

**Celebrex 200mg #60:**

**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 Page(s): 67.

**Decision rationale:** Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The efficacy for this medication was not reported. There was no objective functional improvement reported or objective decrease in pain. The request does not indicate a frequency for the medication. Therefore, this request of Celebrex 200mg #60 is not medically necessary and appropriate.