MAXIMUS Federal Services

Case Number:	CM14-0097184		
Date Assigned:	07/28/2014	Date of Injury:	06/22/2006
Decision Date:	03/10/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a female with a 6/22/06 date of injury. At the time (6/9/14) of the Decision for Celebrex 200 mg #30, Norco 10/325mg #40, and Prilosec 20mg #30, there is documentation of subjective (ongoing neck and low back pain as well as shoulder pain) and objective (none specified) findings, current diagnoses (sprains and strains of neck, lumbar intervertebral disc without myelopathy, and chronic pain syndrome), and treatment to date (medication including ongoing use of Norco). Regarding Celebrex 200 mg #30, there is no documentation of a high-risk of GI complications with NSAIDs. Regarding Norco 10/325mg #40, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Norco. Regarding Prilosec 20mg #30, there is no documentation of a risk for a gastrointestinal event. Review of submitted documentation indicates on 06/04/12 IW reported stomach upset which had caused her to temporarily stop Celebrex, Cymbalta, trazodone, and Zanaflex. She continued to take Norco and Prilosec. 04/18/14 AME report stated that IW was currently working full duty 32 hours per week as a cashier. Examiner recommended future treatment including "doctor's visit for evaluation and access to medications to control pain and inflammation. 05/27/14 office note documented complaints of 7/10 neck, back, and bilateral upper extremity pain. Treating physician reported medications including Norco, Celebrex, and Prilosec decreased pain by,

allow for work duties. IW reported red blood in stool and bilateral hip pain. However, there is no documentation of further follow up for rectal bleeding. Records document negative urine drug screens on 11/22/13 and 05/06/14. However, IW reported that she was taking Norco only when she experienced severe pain. This statement is consistent with relatively small amounts of Norco prescribed on an ongoing basis in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 Mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs; NSAIDs, GI symptoms & cardiovascular risk Page(s).

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain, but does not support chronic use of NSAIDs for low back conditions. MTUS cautions concerning risk for GI bleeding with NSAID use. Due to lack of documented evaluation for complaints of rectal bleeding in this case, it has not been established that the benefits of NSAID therapy outweigh the risks in this case. Medical necessity is not established for the requested Celebrex.

Norco 10/325MG #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 OF 127.

Decision rationale: MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the submitted documentation, IW reports symptomatic relief with Norco and with this medication she has returned to full time work as a cashier. Although recent drug screens were negative for Norco, IW appears to be taking this medication only on an intermittent basis for severe pain. Medical necessity is established for the requested Norco per MTUS criteria.

Prlosec 20MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 OF 127.

Decision rationale: MTUS recommends proton pump inhibitors (PPIs) such as omeprazole (Prilosec) as gastroprotective agents for patients receiving NSAIDs who are at risk for gastrointestinal adverse events, or who experience dyspepsia with NSAIDs. IW has a documented history of GI upset with oral NSAID use. In addition, in 2014 she has reported rectal bleeding. Medical necessity is established for the requested Prilosec per MTUS criteria.