

Case Number:	CM15-0003081		
Date Assigned:	01/14/2015	Date of Injury:	09/12/2001
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 57 year old male who sustained a work related injury September 12, 2001. Past history includes a pacemaker 2012. According to pain management evaluation notes, dated June 20, 2014, he has had a several year history of low back pain with bilateral leg weakness. Past treatment included physical therapy, nerve blocks, chiropractic treatment, acupuncture-acupressure, exercise and medication. Diagnoses includes lumbosacral neuritis/radiculitis, lumbar facet arthropathy, myofascial pain syndrome, and lumbar stenosis. A progress report dated August 12, 2014, reveals the injured worker continues with complaints of low back pain and difficulty walking; gait is antalgic. He continues working with pain management and home exercises. A request for authorization dated, December 4, 2014 requesting Norco, Celebrex, Methadone and Cymbalta is present in the medical record. Work status is documented as permanent and stationary. According to utilization review performed December 16 2014, the request for Lidocaine Pad was approved. The request for Celebrex Cap 200mg Day Supply QTY: 30 Refills: 30 were non-certified. The request for Omeprazole Cap 20mg Day Supply QTY: 30 Refills: 30 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex cap 200mg day supply: 30 qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Drugs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 is not medically necessary. Anti-inflammatories are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug over another in this class based on efficacy. The main concern on selection is based on adverse effects. There is no difference between traditional nonsteroidal anti-inflammatory drugs and Cox 2 nonsteroidal anti-inflammatory drugs. Celebrex is a Cox 2 nonsteroidal anti-inflammatory drug. There is no generic. Cops to nonsteroidal anti-inflammatory drugs have fewer GI side effects at the risk of increased cardiovascular effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest cardiovascular risk occurs with all nonsteroidal anti-inflammatory drugs and is a class effect. In this case, the injured workers working diagnoses are lumbar neuritis, lumbar facet arthropathy without myelopathy, myofascial pain syndrome; and lumbar spinal stenosis. The injured worker presented with low back pain with the VAS score of 7/10 and bilateral leg weakness. There is no clinical rationale for the use of Celebrex, a Cox- 2 nonsteroidal anti-inflammatory drug. The guidelines indicate there is no evidence to recommend one nonsteroidal anti-inflammatory drugs over another based on efficacy. There is no difference between traditional nonsteroidal anti-inflammatory drugs and Cox -2 nonsteroidal anti-inflammatory drugs. Additionally, there is no generic Celebrex. Consequently, absent clinical documentation to support the ongoing use of Celebrex and a clinical rationale for its use over and above a traditional nonsteroidal anti-inflammatory drug, Celebrex 200 mg #30 is not medically necessary.

Omeprazole cap 20mg day supply: 30 qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 63-67. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitor

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured workers working diagnoses are lumbar neuritis, lumbar facet arthropathy without myelopathy, myofascial pain syndrome; and lumbar spinal stenosis. The injured worker presented with low back pain with the VAS score of 7/10 and bilateral leg

weakness. There is no clinical rationale for the use of Celebrex, a Cox 2 nonsteroidal anti-inflammatory drug. The guidelines indicate there is no evidence to recommend one nonsteroidal anti-inflammatory drug over another based on efficacy. There is no difference between traditional nonsteroidal anti-inflammatory drugs and Cox 2 nonsteroidal anti-inflammatory drugs. Additionally, there is no generic Celebrex. The documentation does not contain any comorbid conditions or past medical history reflecting gastrointestinal risk factors. Specifically there was no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. Additionally, Celebrex 200 mg #30 (Supra) was deemed not medically necessary. Consequently, absent risk factors for gastrointestinal events or clinical documentation supporting the use of Omeprazole, Omeprazole 20 mg #30 is not medically necessary.