

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0008320 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 10/14/2013 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 44 year old female who sustained an industrial injury on 10/14/2013. She has reported low back pain while transporting a body to the morgue. The diagnoses have included thoracic and lumbar sprain/strain, bilateral lower extremities radiculopathy, bilateral elbow epicondylitis, bilateral wrist tenderness, bilateral sacroiliac joint sprain, bilateral shoulder sprain/strain and gastrointestinal upset. Treatment to date has included therapy, home exercises and medication management. Currently, the IW complains of lumbar spine and right shoulder pain. Treatment plan included Celebrex 100mg daily #45 and Prilosec 20mg daily #30. On 12/17/2014, Utilization Review non-certified review of Celebrex 100mg daily #45, noting prior efficacy was not established and Prilosec 20mg daily #30, noting the lack of a gastro esophageal reflux disease or gastritis diagnosis. The MTUS and ACOEM Guidelines were cited. On 1/14/2015, the injured worker submitted an application for IMR for Celebrex 100mg daily #45 and Prilosec 20mg daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal antiinflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. In this case, there is no documentation of response to Celebrex. Celebrex is not medically necessary.

Prilosec 20mg #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 Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does document a history of moderate or high risk for gastrointestinal events. However, NSAID use is not indicated at this time and the Prilosec therefore is not medically necessary.