

Case Number:	CM15-0100718		
Date Assigned:	06/03/2015	Date of Injury:	03/21/2010
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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
Certification(s)/Specialty: Emergency 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 37 year old male who sustained an industrial injury on 3/21/10. The injured worker was diagnosed as having lateral epicondylitis on the right, cubital tunnel syndrome on the right status post decompression and epicondylar release and ulnar impaction along the wrist on the left. Currently, the injured worker was with complaints of right upper extremity discomfort. Previous treatments included medication management, transcutaneous electrical nerve stimulation unit, splint and an elbow sleeve. Previous diagnostic studies included a magnetic resonance imaging and an electromyography. The plan of care was for medication prescriptions.

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 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDS, specific drug list & adverse effects Page(s): 30; 70-71.

Decision rationale: The request is for celebrex, which is the brand name for celecoxib. It is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. It is indicated for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Review of the documentation provided appear to have utilized multiple different NSAIDs, most recently celecoxib. There is no clear documentation of a clear functional benefit to support the ongoing use of a medication known to have multiple side effects. There is no evidence of long-term effectiveness of NSAIDs for pain or function. In fact, the long-term use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The request as written is not supported by the MTUS guidelines and therefore is not medically necessary.

AcipHex generic 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The request is for aciphex, which is rabeprazole, a proton pump inhibitor used to treat disorders of the stomach and esophagus. The MTUS guidelines support the use of a proton pump inhibitor in the following circumstances at increased risk for gastrointestinal side effects: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Without any risk factors for gastrointestinal disease, there is no clear indication to utilize a proton pump inhibitor in the treatment of an injured worker. The documentation provided does not support the ongoing use of NSAIDs, nor does it suggest that the injured worker is at increased risk for gastrointestinal disease. The request as written is not supported by the MTUS and is not medically necessary.