

<b>Case Number:</b>	CM15-0100739		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/05/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 36 year old female, who sustained an industrial injury on June 5, 2010. The injured worker was diagnosed as having impingement syndrome, tendinosis and adhesive capsulitis. Treatment to date has included physical therapy, injection and medication. A progress note dated April 29, 2015 provides the injured worker complains of persistent shoulder pain. She also has back pain that is reported as not part of this claim. She reports increased pain Physical exam notes right shoulder tenderness with positive impingement and Hawkin's sign. The plan includes Norco, Gabapentin, Celebrex, Aciphex and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AcipHex 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 NSAIDs, GI Symptoms & Cardiovascular Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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 (e.g., NSAID + low-dose ASA). In this case, the patient is noted to be a 36-year-old female who has been prescribed proton pump inhibitors for an extended period of time. There is no indication of history of peptic ulcer, G.I. bleeding or perforation. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Proton pump inhibitors are not supported for prophylactic purposes. Therefore, the request for AcipHex 20mg #30 is not medically necessary and appropriate.

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Celebrex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 21-22, 29.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The MTUS guidelines state that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the medical records do not establish that the injured worker is at a risk for developing gastrointestinal complaints to support the request for Celebrex. The request for Celebrex 200mg #30 is not medically necessary and appropriate.