

Case Number:	CM15-0137946		
Date Assigned:	07/27/2015	Date of Injury:	08/11/2011
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 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:

The applicant is a represented 56-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of August 11, 2011. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve requests for AcipHex and Celebrex. The claims administrator referenced a July 1, 2015 RFA form and an associated office visit of June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 24, 2015 office visit, the applicant reported ongoing complaints of neck and back pain. The applicant was on Norco, tramadol, and Neurontin, it was stated in one section of the note. Toward the bottom of the report, the attending provider stated that the applicant was not working and was in the process of applying for long-term disability (LTD) benefits. Norco, Neurontin, tramadol, AcipHex, and Celebrex were prescribed. It was suggested at the bottom of the report that AcipHex was being prescribed for gastritis; however, the attending provider made no mention of the applicant having any symptoms of reflux, heartburn, dyspepsia, or other manifestations of gastritis at any point during the body of the report or in the review of systems section of the same. On May 27, 2015, the attending provider noted that the applicant had received Workers' Compensation indemnity benefits and State Disability Insurance (SDI) benefits but was appealing previously denied Social Security Disability Insurance (SSDI) benefits. Naproxen, Protonix, Flexeril, Neurontin, and Norco were all prescribed. A four-lead TENS unit was sought. Once again, there was no explicit mention of the applicant having issues with reflux, heartburn, or dyspepsia on this date. The applicant's review of systems was positive for sleep, stress, and depression.

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 and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition, 2015 Chapter: Pain (Chronic) Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: No, the request for AcipHex, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as AcipHex are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no explicit mention of the applicant having issues with reflux, dyspepsia, or heartburn on progress notes of June 24, 2015 or May 27, 2015, referenced above. It was not clearly stated whether or not ongoing usage of AcipHex was or was not effective for whatever purpose it was being employed. The attending provider did not, furthermore, reconcile his provision of prescription for AcipHex on June 24, 2015 with his earlier prescription for Protonix on May 27, 2015. The attending provider did not clearly state whether AcipHex was being employed to replace previously prescribed Protonix or whether the attending provider intended for the applicant to use two proton pump inhibitors concurrently. The attending provider did not reconcile his prescriptions for two different proton pump inhibitors in such close temporal proximity to each other. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as 'other medications' into his choice of recommendations. Here, however, such discussion was absent. Therefore, the request was not medically necessary.

Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be considered in applicants who are at heightened risk of GI complications, this

recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as 'other medications' into his choice of pharmacotherapy. Here, the attending provider did not reconcile his prescription for Celebrex on June 24, 2015 with his prescription for naproxen on May 27, 2015. The attending provider did not clearly state that Celebrex was intended to replace previously prescribed naproxen or whether he intended for the applicant to employ the two NSAIDs concurrently. The attending provider did not, in short, furnish clear or compelling rationale for provision of two different NSAIDs in such close temporal proximity to each other. Therefore, the request was not medically necessary.