

Case Number:	CM15-0140744		
Date Assigned:	07/30/2015	Date of Injury:	03/17/2013
Decision Date:	08/27/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation

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 64 year old female who sustained an industrial injury on 3-17-13. Diagnoses are Discogenic cervical condition with facet inflammation with MRI in 2013 was unremarkable, bilateral shoulder impingement with full thickness rotator cuff tear of the left shoulder per MRI December 2013; MRI of the right shoulder in September 2013 showed extensive partial bursal tear of the rotator cuff on the right, both shoulders have received one injection at this point. Discogenic thoracic and lumbar condition with facet inflammation, due to chronic pain and activity- weight gain of 5 pounds and issue of stress as well as sleep and depression. In a follow up note dated 5-4-15, the physician reports the injured worker did get improvement with the subacromial injection on the left and would like another one because it hurts the most. She did have a subacromial injection on the right in the last year with improvement. She has finished 12 sessions of physical therapy. She has a transcutaneous electrical nerve stimulation unit, the hot and cold wrap, back brace and neck pillow. She is minimizing chores around the house, will not lift over 5 pounds, does not cook or grocery shop and cannot raise her arm. Objective findings note tenderness along the rotator cuff bilaterally; biceps tendon and acromioclavicular joint. She has a positive impingement sign, Hawkins test and speed test bilaterally. Weakness to resisted function is noted. Facet discomfort and facet loading being positive from C3 to C7 is noted. It is noted the injured worker does not want surgery because of her Parkinsonism. Work status is that she should avoid working at or above the shoulder level, lifting more than a few pounds, repetitive reaching at or above the shoulder

and forceful pushing and pulling. She has not worked since 3-17-13. The requested treatment is Rabeprazole 20mg #30, Celecoxib 200mg #30, and Fluoroscopy for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rabeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any specific history, identified symptoms, or confirmed GI diagnosis to warrant this medication. The Rabeprazole 20mg #30 is not medically necessary or appropriate.

Celecoxib 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as

potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celecoxib 200mg #30 is not medically necessary or appropriate.

Fluoroscopy for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fluoroscopy Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

Decision rationale: The request for Fluoroscopy of the cervical spine is unclear without specified type of injection, level to be injection, nor demonstrated indication by imaging or significant clinical findings. Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. Clinical findings do not indicate any neurological deficits, there is no MRI reports provided for review to indicate significant facet arthropathy nor are there documented functional improvement in terms of decreased medication profile, increased ADLs, and decreased medical utilization. Submitted reports have no indication for failed conservative trial for diagnoses of neck pain. Criteria per Guidelines have not been met. The Fluoroscopy for cervical spine (unspecified) is not medically necessary or appropriate.