

Case Number:	CM15-0141343		
Date Assigned:	07/31/2015	Date of Injury:	04/12/2006
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 4-12-2006. The mechanism of injury was not noted. The injured worker was diagnosed as having discogenic cervical condition, impingement syndrome of the left shoulder, status post decompression and labral repair, epicondylitis laterally on the left, status post release, ulnar nerve entrapment of the left elbow, status post release and transposition, left carpal tunnel syndrome, status post surgical intervention in 2010, and weight gain, depression, and sleep issues related to chronic pain. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, hot and cold wrap, and medications. Currently, the injured worker complains of pain along the left ulnar nerve and head and neck pain, at times traveling along the left arm. He also had dizziness related to his neck pain and spasm and motion loss. He seemed to have other issues possibly related to anxiety or cardiovascular. He also had issues with sleep, stress, and depression. His blood pressure was 168/86. His current medication regimen was not documented. Urine drug screen was documented to show appropriate medication use (MS Contin) in May 2015. He was to receive Remeron, Protonix, Neurontin, and Celebrex. His work status was modified and he last worked in 2006. The use of current medications was noted since at least 3-2015. Gastrointestinal complaints were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX two nonsteroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are discogenic cervical condition; impingement syndrome shoulder left status post decompression and labral repair; epicondylitis left status post release; ulnar nerve entrapment elbow status post release (left) and transposition; carpal tunnel syndrome left status post surgical intervention; and chronic pain, depression and sleep issues. The date of injury is April 12, 2006. Request for authorization is dated June 17, 2015. A progress note dated November 12, 2014 shows current medications were MS Contin; Flexeril; Neurontin; and Lidoderm. According to a March 25, 2015 progress note, medications were added to the existing medications and include Celebrex, Protonix and Lidopro cream. There was no clinical rationale for adding Celebrex and Protonix. There were no risk factors for comorbid conditions for G.I. events. There is no documentation of first-line nonspecific nonsteroidal anti-inflammatory drug failure (ibuprofen, naproxen). Consequently, absent clinical documentation with first-line nonsteroidal anti-inflammatory drug failure, a clinical indication and rationale for Celebrex with comorbid conditions or risk factors for G.I. events, Celebrex 200 mg #30 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, Protonix 20mg #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer,

G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are discogenic cervical condition; impingement syndrome shoulder left status post decompression and labral repair; epicondylitis left status post release; ulnar nerve entrapment elbow status post release (left) and transposition; carpal tunnel syndrome left status post surgical intervention; and chronic pain, depression and sleep issues. The date of injury is April 12, 2006. Request for authorization is dated June 17, 2015. A progress note dated November 12, 2014 shows current medications were MS Contin; Flexeril; Neurontin; and Lidoderm. According to a March 25, 2015 progress note, medications were added to the existing medications and include Celebrex, Protonix and Lidopro cream. There was no clinical rationale for adding Celebrex and Protonix. There were no risk factors for comorbid conditions for G.I. events. Protonix is a second line proton pump inhibitor. There is no documentation of first-line proton pump inhibitor treatment failure. Consequently, absent clinical documentation of first-line proton pump inhibitor treatment failure, a clinical rationale for a proton pump inhibitor and directions for use, Protonix 20mg #60 is not medically necessary.