

<b>Case Number:</b>	CM15-0160881		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 52 year old male, who sustained an industrial injury on 6-27-08. The diagnoses have included cervical sprain, cervical disc herniation, lumbar sprain and chronic pain syndrome. Treatment to date has included medications, activity modifications, diagnostics, injections, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 7-8-15, the injured worker complains of progressive limited range of motion of the neck associated with severe muscle spasms. The pain is rated 5 out of 10 on the pain scale with flare ups rated 7 out of 10. He reports pain is worse at night which makes it difficult to sleep. He also reports frequent headaches and blurred vision. The cervical pain is also associated with numbness, tingling and weakness in the bilateral upper extremities. The pain level with activities of daily living (ADL) has increased in the last few weeks. The injured worker had 50 percent improvement after the cervical epidural steroid injection (ESI) done on 6-24-15. The injured worker continues to complain of limited lumbar range of motion, worsening pain and numbness and tingling in the right leg. The pain is rated 9 out of 10 on pain scale with radiation to the thigh and the injured worker reports the pain is worse since the last exam and that he also has severe right knee pain. The current medications included Norco, Celebrex, Omeprazole, Terocin patch, Terocin lotion, compounded analgesic creams, and docusate sodium. The urine drug screen dated 7-7-15 was inconsistent with the medications prescribed. The objective findings-physical exam reveals there is decreased range of motion as well as weakness along with progressive tingling and numbness in the right lower extremity (RLE) .The physician requested treatments included Omeprazole 20mg #30 and Celebrex 200mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

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

**Decision rationale:** The patient presents with low back pain radiating to the bilateral lower extremities, and pain in the neck and the right shoulder. The request is for Omeprazole 20 MG #30. Physical examination to the cervical spine on 09/18/14 revealed tenderness to palpation over the spinous processes. Range of motion was decreased in all planes. Examination to the lumbar spine revealed tenderness to palpation over the spinous processes of L5-S1 with severe guarding. Range of motion was limited in all planes. Straight leg raising test was positive bilaterally. Per 05/06/15 progress report, patient's diagnosis include lumbar sprain/strain, lumbar paraspinal muscle spasm/disc herniation, lumbar radiculitis/radiculopathy of lower rxtremities, sacroiliitis of the right sacroiliac joint, and chronic pain, rule out fibromyalgia. Patient's medications, per 06/10/15 progress report include Norco, Omeprazole, and Celebrex. Patient's work status was not specified. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not discuss this request; no RFA was provided either. Review of the medical records provided indicate that the patient was prescribed Omeprazole from 12/10/14 through 06/10/15. In this case, the treater does not document any gastrointestinal upset or irritation and there is no history of ulcers, either. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request is not medically necessary.

**Celebrex 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 Anti-inflammatory Page(s): 22.

**Decision rationale:** The patient presents with low back pain radiating to the bilateral lower extremities, and pain in the neck and the right shoulder. The request is for Celebrex 200 MG #30. Physical examination to the cervical spine on 09/18/14 revealed tenderness to palpation over the

spinous processes. Range of motion was decreased in all planes. Examination to the lumbar spine revealed tenderness to palpation over the spinous processes of L5-S1 with severe guarding. Range of motion was limited in all planes. Straight leg raising test was positive bilaterally. Per 05/06/15 progress report, patient's diagnosis include lumbar sprain/strain, lumbar paraspinal muscle spasm/disc herniation, lumbar radiculitis/radiculopathy of lower extremities, sacroiliitis of the right sacroiliac joint, and chronic pain, rule out fibromyalgia. Patient's medications, per 06/10/15 progress report include Norco, Omeprazole, and Celebrex. Patient's work status was not specified. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "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. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg. 70-73 Selective COX-2 NSAIDs, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). Treater does not discuss this request. Patient has received prescriptions for Celebrex from 12/10/14 and 06/10/15. However, the treater has not documented how this medication has impacted the patient's pain and functional improvement. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the treater has not documented the efficacy of this medication. Therefore, the request is not medically necessary.