MAXIMUS Federal Services

Case Number:	CM15-0163368		
Date Assigned:	08/26/2015	Date of Injury:	08/20/2006
Decision Date:	09/29/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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, 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:

This is a 59 year old male patient who sustained an industrial injury on August 20, 2006. The diagnoses include musculoligamentous strain of the lumbar spine with lower extremity radiculitis; disc bulges L4-5 and L5-S1; lateral epicondylitis, right elbow; upper lumbar kyphosis; degenerative disc disease; left L5 radiculopathy; disc herniation L4-5 and L5-S1; status post repair of rotator cuff, right shoulder; capsulitis, right shoulder; tear glenoid labrum, right shoulder; loose body, right shoulder; status post arthroscopy, right shoulder with partial resection; disc bulges. Per the recent primary treating office visit dated July 22, 2015 he had complaints of low back pain radiating down the right lower extremity and difficulty sleeping; right shoulder pain and right elbow pain. He was not attending therapy- states it doesn't help. The physical examination revealed tenderness over right sciatic notch. The medications list includes Tramadol, Ambien, Orphenadrine, Naproxen, Omeprazole; Colace and Celecoxib. He has undergone right shoulder rotator cuff repair in 1992, right shoulder arthroscopic surgery on 7/26/2007. He has had lumbar spine MRI dated 8/20/2013 which revealed multilevel disc bulges. Back in February 2015 he was administered an injection of Toradol as it has helped in the past with noted temporary two days relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate sodium 100mg, #90, 1 tablet three times a day with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15) Opioid-induced constipation treatment and Other Medical Treatment Guidelines Thompson Micromedex FDA labeled indication for Docusate sodium.

Decision rationale: Laxacin contains Docusate sodium and senna. According to the Thompson Micromedex FDA labeled indication for Docusate includes "constipation care". The medications list includes opioid-tramadol which may cause constipation. However a detailed history regarding constipation is not specified in the records provided. A detailed abdominal examination is not specified in the records provided. Other measures for treatment of constipation are not specified in the records provided. The request for Docusate sodium 100mg, #90, 1 tablet three times a day with 5 refills is not medically necessary or fully established for this patient.

Omeprazole 20mg, #30 once a day with 5 refills: 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 & cardiovascular risk, page 68-69.

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events, Patients at high risk for gastrointestinal events, treatment of dyspepsia secondary to NSAID therapy". Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or ananticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The request for Omeprazole 20mg, #30 once a day with 5 refills is not medically necessary or established for this patient.

Celecoxib 200mg, #60, 1 tablet twice a day with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22 Celebrex, Page 30.

Decision rationale: Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment 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. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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". According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The medications list includes naproxen. Response to naproxen without celecoxib (with dose, duration and side effects) is not specified in the records provided. The request for Celecoxib 200mg, #60, 1 tablet twice a day with 5 refills is not medically necessary or fully established for this patient at this time.