

Case Number:	CM15-0191994		
Date Assigned:	10/06/2015	Date of Injury:	01/04/2013
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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 53-year-old who has filed a claim for chronic neck, wrist and shoulder pain reportedly associated with an industrial injury of January 4, 2013. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for Prilosec and Celebrex. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 26, 2015 office visit, the applicant reported ongoing complaints of shoulder pain, 6/10. The applicant was on Tylenol and Aleve, it was reported. The applicant had developed derivative complaints of depression, it was reported. Celebrex and Prilosec were endorsed. The applicant's permanent work restrictions were renewed. There was no seeming mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. An RFA form of September 10, 2015 likewise made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. On April 29, 2015, it was stated that the applicant was using Celebrex and Prilosec for ongoing complaints of moderate intensity shoulder pain. The applicant was placed off of work, on total temporary disability. Once again, there was no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: No, the request for Prilosec, a proton-pump inhibitor, is 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 Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on several dates of service, including on the August 26, 2015 office visit at issue, or on a historical note dated April 29, 2015. Therefore, the request is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, is 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 are indicated in applicants who are at heightened risk of developing GI complications, here, however, neither the August 26, 2015 office visit at issue nor a historical note of April 20, 2015 made any mention of the applicant's being at the heightened risk for development of GI complications. There was no mention of the applicant's having a history of prior GI bleeding, issues with reflux, a history of peptic ulcer disease, issue with intolerance to first-line NSAIDs such as Motrin or Naprosyn, etc., on either office visit. The attending provider's commentary on August 26, 2015 to the effect that the applicant was in fact using Aleve (Naprosyn), i.e., a nonselective NSAID, seemingly obviated the need for Celebrex, a COX-2 inhibitor. Therefore, the request is not medically necessary.