

Case Number:	CM15-0201765		
Date Assigned:	10/16/2015	Date of Injury:	08/28/1998
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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 [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of August 28, 1998. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for Celebrex and Protonix while apparently approving a request for Savella. A September 11, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a handwritten note dated September 11, 2015, the applicant reported ongoing issues with low back pain, neck pain, hip pain, myofascial pain syndrome, knee pain, depression, dyspepsia, and fibromyalgia. The note was thinly and sparsely developed. The applicant's work and functional status were not detailed. The applicant was able to walk on toes and heels but only with difficulty, the treating provider reported on this date. Little seeming discussion of medication efficacy transpired. The applicant's work and functional status were not detailed. The attending provider stated that the applicant exhibited 0 pounds of grip strength about both the right and right left hands. On December 19, 2014, the applicant reported multifocal complaints of neck, shoulder, and low back pain. The applicant was described as unable to function, the treating provider reported on that date. Celebrex and Protonix were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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: No, the request for Celebrex, a COX-2 inhibitor, was 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 for development of GI complications, as was seemingly the case here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, no seeming discussion of medication efficacy transpired on the September 11, 2015 office visit at issue. The fact that the applicant was having difficulty walking, gripping, and grasping on that date, coupled with the attending provider's decision to place the applicant off of work, on total temporary disability, on an earlier note dated December 19, 2014, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Protonix 40 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitors, was likewise 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 Protonix are indicated in the treatment of NSAID- induced dyspepsia, as was seemingly present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the September 11, 2015 office visit made no mention of whether or not ongoing usage of Protonix was or not proving effective in attenuating issues with previously characterized dyspepsia. No seeming discussion of medication efficacy transpired on that date insofar as either medication at issue was concerned. Therefore, the request was not medically necessary.