

<b>Case Number:</b>	CM15-0218154		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	07/27/2001
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65 year old injured male who sustained an industrial injury on July 27, 2001. Medical records indicated that the injured worker was treated for back pain. Medical diagnoses include cervical, thoracic and lumbar strain sprain with global myofascial pain disorder, cervical sprain strain with cervical spondylosis, per MRI, and lumbar degenerative disc disease, facet arthrosis, per MRI. In the provider notes dated October 15, 2015 the injured worker complained of severe back pain and muscle spasms. He rates his pain, 4 on the pain scale with medications and 10 on the pain scale without medications. He states a 50% reduction in pain and improvement in functional activities of daily living with medications. On exam, the documentation stated there is limited range of motion in "all planes." "There are multiple levels of trigger point tenderness throughout the cervical, thoracic, and lumbar paraspinal muscles and cervical trapezius muscles wit positive "jump sign"." The treatment plan is for medication management, 12 personal trainer visits and Tempur Pedic pillow. A Request for Authorization was submitted for Celebrex 200 mg #60 and Tempur Pedic pillow. The Utilization Review dated October 30, 2015 modified the request for Celebrex 200 mg #60 to Celebrex 200 mg #30 and noncertified Tempur Pedic pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Celebrex 200mg #60: 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 Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (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 or multiple NSAID (e.g., NSAID + low-dose ASA). The treating physician's note dated 6/16/2013 states "The Celebrex should be discontinued because it is very effective for musculoskeletal problems but causes gastrointestinal side effects". Additionally, the medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. As such, the request for Celebrex 200mg #60 is not medically necessary.

## **1 Tempurpedic pillow: 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) Knee, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of pillows. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. Tempurpedic pillow meets the criteria for durability and home use per Medicare classification. However, Tempurpedic pillows are used by people we aren't sick or injured and not considered primarily used for "medical reasons". In this case, Tempurpedic pillows are not classified as durable medical equipment and are not recommended per ODG. As such, the request for 1 Tempurpedic pillow is not medically necessary.