

<b>Case Number:</b>	CM15-0037498		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/05/1992
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Pennsylvania, Ohio, 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 female, who sustained an industrial injury on 11/05/1992. The mechanism of injury was not noted. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included surgical and conservative measures. Computerized tomography myelogram of the lumbar spine, dated 8/12/2014, noted extensive degenerative disc disease from T12-L1 through L5-S1, status post bilateral laminectomies from L2-3 through L5-S1 and extensive degenerative osteoarthritic changes of facet joints, and diffuse osteoporosis. Psychotherapy progress notes supported a variable but stable emotional status with psychiatric medications, including Lexapro, Wellbutrin, and Xanax. Currently, the injured worker complains of pain in the low back, right leg and groin, and left calf. Pain was rated 5/10 and was documented as unchanged from last visit. A left sided knee brace was helping the pain. Medications were noted as well tolerated and extremely helpful. Oxycontin and Oxycodone were noted to provide good pain relief. She was able to walk her dog on a regular basis and ride an exercise bike. Gait was stiff and antalgic, favoring the right leg. Lumbar palpation revealed axial and myofascial tenderness. Straight leg raise test was positive on the right, motor strength of the lower extremities was 5/5, and sensory changes were noted to the L1-2 distribution. Per the progress reports, injured worker's medications included Nexium and Celebrex for greater than one year. On 2/09/2015, Utilization Review non-certified a request for Nexium 40mg #30, and non-certified a request for Celebrex 200mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg #30 1 tab QD:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do document a history of gastric upset from NSAIDs. A prior physician review states that over the counter Prilosec should be used prior to Nexium; however, this is not required by MTUS guidelines. The guidelines have been met. This request is medically necessary.

**Celebrex 200mg #60 1 tab BID:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

**Decision rationale:** MTUS recommends NSAIDs as a first-line for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case do indicate that the patient has a history of gastric upset from NSAIDs and reports benefit from Celebrex for ongoing pain. A prior physician review states that the records do not document a VAS or objective functional improvement from Celebrex; however MTUS does not strictly require this and the records do document that the patient reports pain relief from this medication. Thus this request is supported by MTUS and is medically necessary.