

Case Number:	CM15-0037740		
Date Assigned:	03/06/2015	Date of Injury:	12/12/2011
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old female, who sustained an industrial injury on 12/12/2011. The diagnoses have included lumbar sprain, sprain of other specified sites of hip and thigh, lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included magnetic resonance imaging (MRI) of the left hip (10/18/2013) and physical therapy. Currently, the IW complains of back pain with radiation into the left lower extremity and heel pain. Objective findings included spasm, tenderness and guarding noted in the paravertebral musculature of the lumbar spine with loss of range of motion. In the left heel, there is tenderness at the insertion of the Achilles tendon on the calcaneus. There is also tenderness noted over the peroneal tendon. On 2/18/2015, Utilization Review non-certified a request for Celebrex 100mg #60 and Dexilant 30mg #60 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Celebrex 100mg #60 and Dexilant 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 mg, sixty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included an MRI, physical therapy and use of medications including NSAIDs. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status specifically related to NSAIDs to justify use. The note also reports gastropathy from anti-inflammatory medications as a side effect. The medical necessity of celebrex is not substantiated in the records.

Dexilant 30 mg, sixty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2009. The medical course has included an MRI, physical therapy and use of several medications including NSAIDs. Prilosec is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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/multiple NSAID (e.g., NSAID + low-dose ASA). The records do document a diagnosis of gastropathy related to NSAIDs, which could be addressed by discontinuing the celebrex. The records do not support that the worker meets the criteria or is at high risk of gastrointestinal events to justify medical necessity of Dexlansoprazole.