MAXIMUS Federal Services

Case Number:	CM15-0042224		
Date Assigned:	03/12/2015	Date of Injury:	05/29/2008
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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:

This 56-year-old male sustained an industrial injury to the low back on 5/29/08. In a PR-2 dated 1/12/15, the injured worker complained of low back pain with radiation down both legs, associated with numbness and tingling. The injured worker rated his pain 7/10 on the visual analog scale without medications. The injured worker stated that Celebrex helped with pain and inflammation, but he needed three tablets per day. The injured worker stated that Omeprazole helped with gastrointestinal upset. Physical exam was remarkable for pain upon lumbar spine with restricted range of motion and pain upon range of motion, lumbar spine with tenderness to palpation and spasms with positive twitch response and strength 5/5 to bilateral lower extremities. Current diagnoses included post laminectomy pain syndrome, lumbar radiculopathy and chronic pain syndrome. The treatment plan included continuing ambulation with walker, rest, continuing medications (Norco, Celebrex, Omeprazole, Doc-Q-Lace and Lyrica). The physician noted that the injured worker had tried over the counter ibuprofen and naproxen in the past with intolerable side effects of gastritis. Celebrex was continued to improve pain and inflammation. Omeprazole was continued as the injured worker continued to have gastrointestinal upset with oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 60, take by mouth 2 times daily: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with lower back pain rated 10/10, which radiates into the bilateral lower extremities. The patient's date of injury is 05/29/08. Patient is status post posterior lumbar laminectomy at L5/S1 level at a date unspecified. The request is for CELEBREX 200MG QTY 60 TAKE BY MOUTH 2 TIMES DAILY. The RFA is dated 01/30/15. Physical examination dated 01/12/15 reveals moderate tenderness to palpation to the bilateral lumbar paraspinal muscles, positive straight leg raise test bilaterally at 15-30 degrees with pain along the L5 dermatome distribution. Treater also notes a well healed surgical scar in the lumbar region. The patient is currently prescribed Norco, Omeprazole, Lyrica, Docusate, and Celebrex. Diagnostic imaging included lumbar X-ray dated 01/07/13, showing stable grade 1/grade 2 spondylolisthesis and multilevel degenerative changes. Patient is currently classified as permanent and stationary, is not working. MTUS Anti-inflammatory medications page 22 state: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In regard to the request for Celebrex for the management of this patient's chronic intractable pain, the requested medication appears reasonable. Progress report dated 01/12/15 attributes a reduction in pain from 10/10 to 7/10 attributed to this medication. Additionally, the same progress note documents that this patient experienced severe gastritis following use of Ibuprofen and Naproxen in the past, which is why the treater switched to Celebrex. Given these factors, the utilization of a milder NSAID such as Celebrex is an appropriate intervention. Therefore, the request IS medically necessary.

Omeprazole 20 mg Qty 60, take by mouth 2 times daily: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with lower back pain rated 10/10 which radiates into the bilateral lower extremities. The patient's date of injury is 05/29/08. Patient is status post posterior lumbar laminectomy at L5/S1 level at a date unspecified. The request is for OMEPRAZOLE 20MG QTY 60 TAKE BY MOUTH 2 TIMES DAILY. The RFA is dated 01/30/15. Physical examination dated 01/12/15 reveals moderate tenderness to palpation to the bilateral lumbar paraspinal muscles, positive straight leg raise test bilaterally at 15-30 degrees with pain along the L5 dermatome distribution. Treater also notes a well healed surgical scar in the lumbar region. The patient is currently prescribed Norco, Omeprazole, Lyrica, Docusate, and Celebrex. Diagnostic imaging included lumbar X-ray dated 01/07/13, showing stable grade 1/grade 2 spondylolisthesis and multilevel degenerative changes. Patient is currently classified as

permanent and stationary, is not working. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the utilization of Omeprazole for this patient's NSAID associated GI upset, the request appears reasonable. Progress notes indicate that this patient has been taking Omeprazole since at least 03/12/14 with documented relief of GI upset. Progress note dated 01/12/15 states: "patient continues to have GI upset with oral analgesics", and also documents that this patient has a history of gastritis secondary to NSAID utilization. This patient is still taking Celebrex with significant less GI side effects but given this patient's history of NSAID associated gastritis and proven efficacy of this medication, continuation is substantiated. The request IS medically necessary.