

Case Number:	CM15-0080839		
Date Assigned:	05/01/2015	Date of Injury:	02/04/2009
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on February 4, 2009. The injured worker was diagnosed as having bilateral shoulder tendinitis and biceps tendinitis, bilateral upper extremity dysesthesias with global pain, bilateral upper extremity dysesthesia with compressive neuropathy, bilateral carpal tunnel syndrome, headaches and cervical sprain. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), PT and medications. A progress note dated March 18, 2015 noted that the injured worker complains of increased shoulder pain due to work activity. Physical exam notes bilateral shoulder impingement and decreased range of motion (ROM). Injections of bilateral shoulders provided relief of pain. The plan includes trigger point injections to the shoulders and renewal of medications. The medications listed are Vicodin, Celebrex, omeprazole, Abilify and Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30, refill: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic utilization of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records show that the patient reported significant pain relief and reduction of opioids utilization without adverse effect. There is documentation of gastrointestinal symptoms with utilization of standard non selective NSAIDs. The criteria for the use of Celebrex 200mg #30 1 refill was met. The request is medically necessary.

Omeprazole 20 mg #30, refill: 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the treatment of NSAIDs induced gastrointestinal complications. The chronic utilization of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The records indicate that the patient complained of significant gastrointestinal symptoms with utilization of both selective and non selective NSAID medications. It was documented that the use of omeprazole enabled the patient to tolerate the NSAIDs and prevent the occurrence of more severe adverse gastrointestinal complication. The criteria for the use of omeprazole 20mg #30 2 refill was met. The request is medically necessary.