

Case Number:	CM14-0115946		
Date Assigned:	08/06/2014	Date of Injury:	02/09/2007
Decision Date:	10/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 49 year-old male was reportedly injured on 04/24/2012. The most recent progress note, dated 6/18/2014, indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated restricted neck motion, left hand and left arm trembling and weak on the right, and reduced arm sensation. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Celebrex 200 mg #18, Dexilant 60 #90, Hydroxychloroquine 200 mg #180, Oxycodone/Acetaminophen 10/325 mg #360 and was determined not medically necessary in the pre-authorization process on 7/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg x 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Non-steroidal anti-inflammatory.. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22, 30, 70.

Decision rationale: MTUS guidelines support the use of Celebrex in select clinical settings of acute and chronic pain in conditions for which NSAIDs are recommended, but there is a significant risk of GI complications. Review of the available medical records, reports chronic low back pain, but fails to document any risk or signs/symptoms of GI complications. Furthermore, the guidelines only recommend 200 mg a day. Given the lack of clinical documentation to justify deviation from the guidelines, this request is not considered medically necessary.

Dexilant 60 x 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Proton Pump Inhibitor. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.

Hydroxychloroquine 200mg x 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual Systemic Lupus Erythematosus (SLE): Autoimmune Rheumatic Disorders. Hydroxychloroquine.

Decision rationale: CA MTUS and ODG guidelines do not address the use of this medication, therefore alternative medical references were used for citation. Hydroxychloroquine is medication used to reduce inflammation in the treatment of rheumatoid arthritis, as well as an anti-malaria drug. After review the medical records provided is unable to determine the justification for the continued use of this medication. Therefore this request is deemed not medically necessary.

Oxycodone-Acetaminophen 10/325mg x 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.