

Case Number:	CM14-0180858		
Date Assigned:	11/05/2014	Date of Injury:	04/25/2008
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Practice and is licensed to practice in California. 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 patient is a 57 year who sustained an industrial injury on 4/25/2008. Most recent examination narrative is dated September 23, 2014 at which time the patient is noted to be a female with history of right upper extremity pain and weakness, right C6 radiculopathy, right ulnar mononeuropathy, right lateral epicondylitis, with persistent right elbow contracture due to the industrial injury and MRI evidence for right C5 C6 HNP contacting right C6 nerve root. The report notes that the patient is able to manage her basic ADLs with the help of her medications mainly the Celebrex and Cymbalta and very rare Tylenol #3. Her medications consists of Celebrex, Prilosec for G.I. symptoms from medications, Cymbalta, Flector patches, very rare Terocin, and very rare Tylenol #3 for flares. UR dated 10/3/14 non-certified the request for Celebrex 200 mg #90, Prilosec 20 mg #90 and Tylenol No.. 3, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG 1 By Mouth Every Day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 21, Celebrex page 29, NSAIDs, specific drug list & adverse.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: The medical records indicate that the patient is using Celebrex with benefit and is able to perform her basic ADLs. The medical records appear to indicate gastrointestinal complaints. Celebrex is noted to have a lower G.I. risk profile and would be supported in this case. As such, the request for Celebrex 200 MG 1 By Mouth Every Day #90 is medically necessary.

Tylenol #3 with Codeine #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Opioids Page(s): 34-35, 74-96.

Decision rationale: The medical records indicate that the patient is over six years post injury. Evidence-based guidelines do not recommend chronic use of opioids due to the development of habituation and tolerance. While it is appreciated that the patient is using this medication for pain flares, there is no indication that her flare-ups are not effectively managed without the need for Tylenol with codeine. The medical records also do not establish specific objective functional improvement with the use of this medication. As such, the request for Tylenol #3 with Codeine #60 is not medically necessary.

Prilosec 20 MG 1 By Mouth Every Morning #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051>

Decision rationale: Evidence-based guidelines indicate the proton pump inhibitors may be indicated for the following cases: (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). In this case, the patient is noted to be a 57-year-old female who is being prescribed Prilosec for "G.I. symptoms from medications". There is indication of history of peptic ulcer, G.I. bleeding or perforation. Furthermore, the patient's anti-inflammatory consists of Celebrex which has a low G.I. risk profile. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. There is also an association with long-term use of proton pump inhibitors and vitamin B12 deficiency. Therefore, the request for Prilosec 20 MG 1 By Mouth Every Morning #90 is not medically necessary.

