

<b>Case Number:</b>	CM15-0116318		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/25/1986
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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(n) 58 year old male, who sustained an industrial injury on 10/25/86. He reported pain in his neck and back. The injured worker was diagnosed as having lumbosacral radiculitis and cervical spondylosis with myelopathy. Treatment to date has included physical therapy, a cervical medial branch block on 4/22/11, a lumbar laminectomy in 1990, a cervical fusion in 1991 and a lumbar laminectomy on 1/7/15. Current medications include Valium and Prilosec since at least 8/26/14 and Celebrex, Tramadol, Norco and Pravastatin. As of the PR2 dated 5/5/15, the injured worker reports 5-6/10 pain in his neck and low back. The pain is accompanied by radiculopathy to both lower extremities. He indicated 50% benefit with current medications. Objective findings include cervical paraspinal tenderness on the left and right with painful rotation. The treating physician requested Valium 10mg #30, Prilosec 20mg #60 and Celebrex 200mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Valium for over a year for muscle spasms along with opioids and NSAIDs. Long-term use is not indicated as above and not medically necessary.

**Prilosec 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

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

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. In addition, the claimant had been on Celebrex and NSAIDs in the past year and currently on Celebrex and opioids, which increases unnecessary GI risks in the future. Therefore, the continued and chronic use of Prilosec is not medically necessary.

**Celebrex 200mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID/COX II Inhibitor Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors. The claimant had been on Celebrex and NSAIDs combined with opioids in the past year and currently with opioids. There is no evidence of Tylenol failure. The continued and chronic use of Celebrex is not medically necessary.