

<b>Case Number:</b>	CM15-0118897		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/13/1995
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 66 year old female, who sustained an industrial injury on 6/13/1995. Diagnoses include bilateral hip pain, history of bilateral hip sprain/strain with severe degenerative joint disease in her hips, nonindustrial back pain with degenerative joint disease and disc herniations, Rheumatoid Arthritis, anxiety disorder, bipolar disorder, fibromyalgia, renal insufficiency, gastroesophageal reflux disease (GERD), and status post bilateral knee replacements with revision on left all nonindustrial. Treatment to date has included diagnostics, home exercise and medications. Per the Primary Treating Physician's Progress Report dated 5/11/2015, the injured worker reported bilateral hip pain currently rated as 9/10. Pain at its best with medications is 4/10 and at its worst is 10/10 without them. Physical examination of the bilateral hips revealed exquisite tenderness over the greater trochanters. Passive range of motion was painful in flexion and external rotation with positive Fabere maneuver; she continues to reveal limited range of motion in all planes in both hips. The plan of care included diagnostics and medications and authorization was requested for Celecoxib 200mg, Methadone 10mg and Eesomepra Mag Cap 40mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celecoxib cap 200mg #60 with 1 refill Rx date 05/14/2015: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

**Decision rationale:** MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain, such as severe DJD in this case. Cox-2 inhibitors are indicated over traditional NSAIDs if there is a known risk factor for GI side effects, such as age over 65 in this case or such as a history of GERD in this case. A prior physician review concluded that there is no documentation of objective functional benefit to support the use of anti-inflammatories; however MTUS supports the use of this drug class based on subjective reports of pain relief with discussion of risks and benefits, as documented in this case. This request is medically necessary.

**Esomepra mag cap 40mg DR #30 with 1 refill Rx date: 05/14/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends use of GI prophylaxis if a patient is using an anti-inflammatory medication and has risk factors for GI symptoms, such as age over 65 in this case or a history of GERD as in this case. A prior physician review noted that this medication was not medically necessary because Celebrex was non-certified; however, as the denial of Celebrex has been overturned, it is appropriate to additionally overturn the denial of Esomepra. This request is medically necessary.

**Methadone tab 10mg #90 Rx date: 05/14/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 61-62, 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.