

Case Number:	CM15-0127627		
Date Assigned:	07/14/2015	Date of Injury:	07/02/2012
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female sustained an industrial injury to the neck, back and left arm after a fall on 7/2/12. Recent treatment consisted of home exercise and medication management. Documentation did not disclose recent magnetic resonance imaging. In the most recent documentation submitted for review, a PR-2 dated 4/23/15, physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature with negative Spurling's and L'Hermitte's tests and decreased range of motion to the cervical spine and bilateral shoulders, tenderness to palpation to the volar aspect of bilateral wrists, 5/5 upper and lower extremity motor strength and negative bilateral straight leg raise. Current diagnoses included bilateral wrist tendinitis, lumbar spine sprain/strain with disc disease and facet disease, left rotator cuff tendinitis with rotator cuff tear and cervical spine sprain/strain with disc disease. The treatment plan included awaiting appointment with neurosurgery and a prescription for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

Decision rationale: The MTUS is silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. There is no suggestion of significant gastrointestinal issues in this claimant or key cardiovascular issues; the request for the Celebrex was appropriately non-certified, as criteria for appropriate usage under the evidence-based guides are not met. Therefore, the request is not medically necessary.

Lidoderm 5% #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: As shared previously, this claimant was injured in 2012 with injury to the neck, back and left arm after a fall. As of April, there is tenderness to palpation to the cervical spine paraspinal musculature. Current diagnoses included bilateral wrist tendinitis, lumbar spine sprain/strain with disc disease and facet disease, left rotator cuff tendinitis with rotator cuff tear and cervical spine sprain/strain with disc disease. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary under MTUS.

Omeprazole 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: As shared, this claimant was injured in 2012 with injury to the neck, back and left arm after a fall. As of April, there is tenderness to palpation to the cervical spine paraspinal musculature. Current diagnoses included bilateral wrist tendinitis, lumbar spine sprain/strain with disc disease and facet disease, left rotator cuff tendinitis with rotator cuff tear and cervical spine sprain/strain with disc disease. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.