

Case Number:	CM15-0177025		
Date Assigned:	09/17/2015	Date of Injury:	02/02/1999
Decision Date:	10/27/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 61-year-old male who sustained an industrial injury on February 2, 1999. Diagnoses have included lumbar degenerative disc disease, right shoulder rotator cuff injury, bilateral heel pain, and sacroiliac joint dysfunction. Documented treatment includes bilateral hip replacements one in 2000 and then 2002, open repair of the right rotator cuff in 1999, head, cold, massage, rest, stretching, home exercise, and medication including Celebrex and Omeprazole. The injured worker reports increased foot and bilateral hip pain which he said has made walking difficult. He also reported left groin and right shoulder pain. Pain is rated as being 7 out of 10 on bad days, and 3 out of 10 on his good days. Ratings prior to April 9, 2015 showed the same rating on his worse days, but ratings stopped at 4. Activity, sitting, standing and walking aggravate his pain. Examination revealed range of motion forward flexion at 65 degrees, and hyperextension, right lateral and left lateral bend all at 25 degrees. Antalgic and weak gait were noted. Lumbar sacral exam was noted as abnormal in inspection, and palpation and tenderness at S1-4. The treating physician's plan of care includes continuing Omeprazole and Celebrex which were non-certified on August 5, 2015. The injured worker is currently attending classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with pain in the right shoulder, left groin, and bilateral feet. The request is for OMEPRAZOLE 20MG #60 WITH 2 REFILLS. Patient is status post right shoulder surgery 1999, left hip replacement 2000 and right hip replacement 2002. Physical examination to the lumbar spine on 06/11/15 revealed tenderness to palpation over the S1-4 area with spasm. Per 04/09/15 progress report, patient's diagnosis include heel pain, bilateral; sacroiliac joint dysfunction; degenerative disc disease, lumbar, rotator cuff injury, right shoulder. Patient's medications, per 03/16/15 progress report include Omeprazole and Celebrex. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, "Recommend with precautions as indicated below: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or Misoprostol (200g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) The treater has not specifically discussed this request; no RFA was provided either. In regard to the request for Omeprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. Although it is indicated that the patient is utilizing Celebrex (an NSAID), there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Celebrex 200mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with pain in the right shoulder, left groin, and bilateral feet. The request is for CELEBREX 200MG #60 WITH 2 REFILLS. Patient is status post right shoulder surgery 1999, left hip replacement 2000 and right hip replacement 2002. Physical examination to the lumbar spine on 06/11/15 revealed tenderness to palpation over the S1-4 area with spasm. Per 04/09/15 progress report, patient's diagnosis include heel pain, bilateral; sacroiliac joint dysfunction; degenerative disc disease, lumbar, rotator cuff injury, right shoulder. Patient's medications, per 03/16/15 progress report include Omeprazole and Celebrex. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg. 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). Treater does not discuss this request; no RFA was provided either. Review of the medical records provided indicate that the patient has received prescriptions for Celebrex from 10/04/14 through 06/11/15. However, the treater has not documented how this medication has impacted the patient's pain and functional improvement. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the treater has not documented the efficacy of this medication. Therefore, the request IS NOT medically necessary.