

<b>Case Number:</b>	CM15-0063740		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	04/22/1992
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker (IW) is a 64 year old female who sustained an industrial injury on 04/22/1992. She reported ongoing low back and right lower extremity pain. The injured worker was diagnosed as having lumbosacral disc injury, lumbosacral sprain/strain injury, history of post laminectomy syndrome, history of surgery times three, lumbosacral fusion with hardware removal, and flare-up of low back pain. Treatment to date has included treatment with a pain management specialist, use of oral and topical medications, and long-term use of a transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of ongoing pain in her low back and right lower extremity. The treatment plan is for continuation of current medications. Celecoxib, Lidocaine Pads, and Omeprazole are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celecoxib Cap 200mg Day Supply: 30 QTY: 30 with 1 refill (RX Date: 03/11/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Celecoxib is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and right leg. The recorded pain assessments were minimal. There was no discussion detailing improved function with this medication, describing monitoring for complications, or detailing the worker's individualized risk. Further, these records reported the worker had stomach upset with the use of this medication but did not discuss the results of an attempt to stop this medication. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of celecoxib 200mg with one refill for the date of service 03/11/2015 is not medically necessary.

**Omeprazole Cap 20mg Day Supply: 30 QTY: 30 (RX Date: 03/11/2015): 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, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and right leg. These records reported the worker had stomach upset with the use of oral medications but did not discuss the results of an attempt to stop the medication causing the issue. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of omeprazole 20mg for the date of service 03/11/2015 is not medically necessary.

**Lidocaine Pad 5% Day Supply: 30 QTY: 30 (RX Date: 03/11/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics, Lidocaine Page(s): 56-57, page 112.

**Decision rationale:** The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and right leg. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30 topical lidocaine 5% patches is not medically necessary.