

Case Number:	CM15-0067276		
Date Assigned:	04/14/2015	Date of Injury:	11/07/2000
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male, who sustained an industrial injury on November 7, 2000, incurring back injuries. He was diagnosed with lumbar degenerative disc disease, lumbosacral spondylosis and chronic pain. Treatment included physical therapy, home exercise program, anti-inflammatory drugs, muscle relaxants and pain medications. Currently, the injured worker complained of low back pain radiating to the lower extremities. The treatment plan that was requested for authorization included prescriptions for Celebrex and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg one (1) BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p70-73 Page(s): 68, 70-73.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. In terms of Celebrex, the maximum dose is 200 mg per day. The claimant is being prescribed Celebrex at twice this dose and therefore continued prescribing at this dose level is not medically necessary.

Prilosec OTC 20mg one to two (1-2) QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p70-73 Page(s): 68, 70-73.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when taking NSAID medication. The claimant is over age 65 and would be considered at intermediate risk for a gastrointestinal event. For a patient at intermediate risk, guidelines recommend either a non-selective non-steroidal anti-inflammatory medication with either a proton pump inhibitor or misoprostol or a cox-2 selective agent such as Celebrex. Prescribing both a selective agent and a proton pump inhibitor such as Prilosec is not medically necessary.