

Case Number:	CM15-0076195		
Date Assigned:	04/27/2015	Date of Injury:	04/22/2005
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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 65 year old male, who sustained an industrial injury on 4/22/2005. He reported injury to the elbows, right hip, and low back due to repetitive lifting, bending, and squatting. Diagnoses include chronic low back pain with degenerative disc disease and disc protrusion, bilateral medial meniscus tear, and status post bilateral elbow tendon release with residual weakness. He has a history of upper gastrointestinal (GI) bleeding and was diagnosed with an ulcer. Treatments to date include activity modification, medication therapy, physical therapy, epidural injections, and radiofrequency ablation. Currently, he complained of low back pain. The pain was rated 9/10 VAS at worst and 2/10 VAS at best with medication. On 4/17/15, the physical examination documented positive lumbar facet loading tests and tenderness with palpation. The plan of care included continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg # 30 w/2 refills: Overturned

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

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. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case discuss a history of gastritis and ulcers; thus, the patient does have a risk of GI complications and Celebrex is supported by the guidelines. This request is medically necessary.

Prilosec 20mg # 30 w/2 Refills: Overturned

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

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

Decision rationale: MTUS recommends GI prophylaxis if a patient has a history of GI risk factors. In this case, the patient has a history of gastritis and ulcers. Use of Prilosec is supported in this situation; This request is medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends urine drug testing as an option to assess for aberrant behavior. This patient last underwent UDS testing in October 2014, which was negative as opioids are prescribed in this case only for prn use. The records do not document risk factors to suggest a high risk of aberrant behavior and thus yearly UDS testing is appropriate. The current request is not medically necessary.