MAXIMUS Federal Services

| Case Number: | CM15-0093939 | | |
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| Date Assigned: | 05/21/2015 | Date of Injury: | 05/16/2014 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

## 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, New York, 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:

The applicant is a represented 60-year-old who has filed a claim for chronic bilateral knee and bilateral shoulder pain reportedly associated with an industrial injury of May 16, 2014. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve requests for Celebrex and AcipHex. A RFA form received on April 14, 2015 was referenced in the determination, along with a progress note dated April 9, 2015. The applicant's attorney subsequently appealed. In a RFA form dated April 9, 2015, Norco, Flexeril, Celebrex, AcipHex, Desyrel, Effexor, and tramadol were endorsed, along with urine drug testing and laboratory testing. In an associated progress note dated April 9, 2015, the applicant reported multifocal complaints of knee, hand, wrist, and shoulder pain. Norco, Flexeril, Celebrex, AcipHex, Desyrel, and Effexor were also sought, along with renal and hepatic function testing. Work restrictions were also endorsed. In another section of the note, the attending provider stated that he was furnishing a prescription for tramadol. It did not appear that the applicant was working with said limitation in place, as the attending provider suggested that the applicant had not worked since August 2014. The attending provider stated that the applicant was having difficulty performing household chores, including pushing, pulling, and lifting. Little-to-no discussion of medication efficacy transpired. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this occasion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 20mg #30:** 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 Anti-inflammatory medications Page(s): 22.

**Decision rationale:** No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be considered in applicants who have a risk of GI complications, here, however, the April 9, 2015 progress note at issue made no mention of the applicant's having issues with past or present GI complications with non-selective NSAIDs. It was not clearly stated why Celebrex had been prescribed. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work as of the April 9, 2015 office visit in question. Activities of daily living as basic as lifting, pushing, pulling, standing, and walking remained problematic; it was reported on that date. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as tramadol and Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Aciphex 20mg #30:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for AcipHex, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as AcipHex are indicated in the treatment of NSAID-induced dyspepsia, here, however, the April 9, 2015 progress note at issue made no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The attending provider's documentation did not make it readily apparent for what purpose AcipHex had been endorsed, nor did the attending provider state whether or not AcipHex was or was not proving effective for whatever role it had been selected. Therefore, the request was not medically necessary.