

Case Number:	CM15-0095141		
Date Assigned:	06/12/2015	Date of Injury:	10/22/2013
Decision Date:	07/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old male patient with an industrial injury dated 10/22/2013. He states he was walking on some PVC pipe and twisted his right ankle and strained his back. His diagnoses included history of remote lumbar laminectomy at lumbar 5-sacral 1 19 years ago, history of lumbosacral strain and right ankle strain. Per the doctor's note dated 4/21/2015, he has complaints of low back pain, left ankle pain and left elbow pain. Per the doctor's note dated 02/27/2015 he has pain in right ankle and left lower back pain. The back pain radiates into the left buttock down the posterior aspect of the thigh to the left great toe. He also complains of tingling in the left great toe. He has problems with gastroesophageal reflux when taking anti-inflammatory drugs. The physical examination revealed right ankle no swelling, point like tenderness underneath the right lateral malleolus; Lumbar spine- range of motion guarded and positive sciatic stretch maneuvers in the left leg. The medications list includes celebrex and misoprostol. He has undergone lumbar 5-sacral 1 selective nerve block with increased pain after the procedure. He has had right ankle MRI and lumbar spine MRI on 1/21/2014. He has had acupuncture for this injury. The treatment plan is for Celebrex and Misoprostol for stomach protectant. The request is for 120 Misoprostol 200 mg with 2 refills and 30 Celebrex 20 mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Celebrex 200mg with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22 Celebrex, Page 30.

Decision rationale: 30 Celebrex 200mg with 2 refills. Celebrex contains Celecoxib, which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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. Per the records provided patient had chronic ankle and lower back pain with ankle tenderness and guarded range of motion of the lumbar spine. Per the cited guidelines, 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. Patient had problems with gastroesophageal reflux when taking anti-inflammatory drugs. Therefore Celebrex is medically appropriate in such clinical conditions. The request of 30 Celebrex 200mg with 2 refills is medically appropriate and necessary for this patient at this time.

120 Misoprostol 200mg with 2 refills: Overturned

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): 68-69.

Decision rationale: 120 Misoprostol 200mg with 2 refills. Per the MTUS Chronic Pain Guidelines "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). 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." Per the records provided patient had problems with gastroesophageal reflux when taking anti-inflammatory drugs. Use of misoprostol is recommended in such a patient. The request for 120 Misoprostol 200mg with 2 refills is medically appropriate and necessary for this patient.