

Case Number:	CM15-0097899		
Date Assigned:	05/29/2015	Date of Injury:	08/14/2012
Decision Date:	06/29/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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: California

Certification(s)/Specialty: Emergency 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 is a 31-year-old female, who sustained an industrial injury on 8/14/2012. She reported low back. The injured worker was diagnosed as having lumbosacral neuritis, myalgia and myositis, lumbosacral spondylosis, fibromyalgia, De Quervain's tenosynovitis, and carpal tunnel syndrome. Treatment to date has included medications, physical therapy, chiropractic treatment, and magnetic resonance imaging of the lumbar spine (1/26/2015). The request is for Tylenol, Celebrex and Omeprazole. On 3/5/2015, she reported increased pain, and indicated physical therapy to increase her pain. She rated her pain 9/10 for the lumbar spine, 8/10 for thoracic spine, 9/10 for the left wrist. On 4/1/2015, she complained of increased low back and right leg pain. She indicated chiropractic treatment had been of some benefit. She is noted to have failed Neurontin in the past. She reported physical therapy to not be helpful. She reportedly needs assistance to cook and bath at time. She is working part time. She reported her pain to be unchanged at 9/10 in the low back, 8/10 in the thoracic spine, and 9/10 in the left wrist. She is noted to have pain with all range of motion of the upper extremities, tenderness to the left 1st extensor tendon, tenderness in the low back area, positive straight leg raise test, and hyperesthesia of the lower extremities. The treatment plan included: continue physical therapy, Celebrex, Omeprazole, start Lyrica, facet block in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 325 mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Tylenol 325 mg #120 with 3 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has increased low back and right leg pain. She indicated chiropractic treatment had been of some benefit. She is noted to have failed Neurontin in the past. She reported physical therapy to not be helpful. She reportedly needs assistance to cook and bath at time. She is working part time. She reported her pain to be unchanged at 9/10 in the low back, 8/10 in the thoracic spine, and 9/10 in the left wrist. She is noted to have pain with all range of motion of the upper extremities, tenderness to the left 1st extensor tendon, tenderness in the low back area, positive straight leg raise test, and hyperesthesia of the lower extremities. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria not having been met, the request for Tylenol 325 mg #120 with 3 refills is not medically necessary.

Celebrex 200 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 200 mg #30 with 3 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has increased low back and right leg pain. She indicated chiropractic treatment had been of some benefit. She is noted to have failed Neurontin in the past. She reported physical therapy to not be helpful. She reportedly needs assistance to cook and bath at time. She is working part time. She reported her pain to be unchanged at 9/10 in the low back, 8/10 in the thoracic spine, and 9/10 in the left wrist. She is noted to have pain with all range of motion of the upper extremities, tenderness to the left 1st extensor tendon, tenderness in the low back area, positives traight leg raise test, and hyperesthesia of the lower extremities. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria not having been met, the request for Celebrex 200 mg #30 with 3 refills is not medically necessary.

Omeprazole 20 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Omeprazole 20 mg #30 with 3 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has increased low back and right leg pain. She indicated chiropractic treatment had been of some benefit. She is noted to have failed Neurontin in the past. She reported physical therapy to not be helpful. She reportedly needs assistance to cook and bath at time. She is working part time. She reported her pain to be unchanged at 9/10 in the low back, 8/10 in the thoracic spine, and 9/10 in the left wrist. She is noted to have pain with all range of motion of the upper extremities, tenderness to the left 1st extensor tendon, tenderness in the low back area, positive straight leg raise test, and hyperesthesia of the lower extremities. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria not having been met, the request for Omeprazole 20 mg #30 with 3 refills is not medically necessary.