

Case Number:	CM15-0097939		
Date Assigned:	05/29/2015	Date of Injury:	11/20/2010
Decision Date:	07/03/2015	UR Denial Date:	04/22/2015
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: 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:

The injured worker is a 53-year-old hypertensive female who sustained an industrial injury on 11/20/2010. Diagnoses include pain in joint-shoulder region, cervicgia and depressive disorder-not elsewhere classified. Electromyography/nerve conduction study (EMG/NCS) on 8/29/13 showed C6-C7 radiculopathy in the right upper extremity. MRI of the cervical spine dated 7/26/13 showed mild degenerative changes without significant spinal canal stenosis and neuroforaminal narrowing and straightening of the upper cervical lordosis. Treatment to date has included medications, functional restoration program, physical therapy and self-directed home exercise. According to the PR2 dated 4/13/15, the injured worker reported increased shoulder and neck pain due to not taking Celebrex, and gastrointestinal (GI) irritation due to taking Ibuprofen. She reported she was using what she learned in the functional restoration program to handle pain; was attending aftercare and an open art studio and was doing home exercise and walking as tolerated. She also reported her depression and anxiety had improved since restarting the citalopram. On examination, there was tenderness to the right side of the occipital foramen, slightly reduced grip strength in the hands and pain with motion of the right shoulder. A request was made for Zorvolex 18mg, #90 with one refill as a trial replacement for Celebrex to better manage pain and reduce GI irritation; Omeprazole 20mg, #30 with three refills for GI irritation and Citalopram 20mg, #30 with three refills for depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to the MTUS 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. ODG notes that Zorvolex (diclofenac) is not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects. ODG notes that in late 2013 FDA approved diclofenac capsules (Zorvolex, [REDACTED]) at 18-mg and 35-mg doses for the treatment of mild to moderate acute pain in adults. In this case, the injured worker is in the chronic phase of injury and this medication has been FDA approved for acute pain. Furthermore, as further noted, while diclofenac has potent anti-inflammatory and analgesic properties, research has linked this drug to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events (such as acute renal failure). (FDA, 2014) The medical records note a diagnosis of hypertension and have gastrointestinal upset with the use of anti-inflammatory medication. The long-term use of anti-inflammatories is associated with increased gastrointestinal and cardiovascular risks. The medical records do not establish that the injured worker has attempted treatment with acetaminophen in place of non-steroidal anti-inflammatory medications, which would be supported with someone diagnosed with hypertension. Given these factors, the request for Zorvolex 18mg #90 with 1 refill is not medically necessary and appropriate.

Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: With regards to proton pump inhibitors, the CA MTUS recommend using a proton pump inhibitor with a prescribed NSAID (non-steroidal anti-inflammatory medication) for the patients at risk for gastrointestinal events. Proton pump inhibitors (PPI) are a class of medications that reduce gastric acid secretion. This class of medication is widely utilized for the management of esophageal reflux disorders, and is also used to prevent gastric ulcerations associated with long-term use of non-steroidal anti-inflammatory medications (NSAIDs). Recent studies have linked the use of this medication to an increased risk of fracture. The injured worker

has noted gastric complaints with the utilization of non-steroidal anti-inflammatory medications. However, the injured worker is not noted to be an appropriate candidate for the ongoing use of non-steroidal anti-inflammatory medications. The request for Omeprazole 20mg #30 with 3 refills is therefore not medically necessary and appropriate.

Citalopram 20mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

Decision rationale: As noted in ODG, Selective serotonin reuptake inhibitors (SSRIs) are first line treatments. In this case, the injured worker is diagnosed with anxiety and depression and is reporting improvement with the utilization of Citalopram. The request for Citalopram 20mg #30 with 3 refills is medically necessary and appropriate.