

Case Number:	CM14-0142895		
Date Assigned:	09/10/2014	Date of Injury:	11/20/2010
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old female who reported an injury on 11/20/2010. The mechanism of injury was not provided. Her diagnoses were noted as fibromyositis, degeneration of cervical intervertebral disc, neck pain, chronic pain syndrome, psychological disorder, brachial radiculitis, shoulder joint pain, and depressive disorder. The past treatment included medications, physical therapy, and a functional restoration program. There were no relevant diagnostic studies or surgeries noted. On 08/21/2014, the injured worker complained of shoulder pain that radiated to the right forearm. She rated the pain at an 8/10. She reported that she finished her functional restoration program and it improved pain in the arm. She denied any gastrointestinal symptoms. Upon physical examination, the injured worker was noted to have diminished light touch sensation in C7 on the right dermatomal distribution. Her medications were listed as Celebrex 100 mg, Omeprazole 20 mg, and Citalopram 20 mg. The treatment plan was to continue the home exercise program, and to continue Celebrex for pain and inflammation, Citalopram for improvement in mood, and Omeprazole for stomach protection. The request for authorization form was signed and submitted on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 3 refills: Upheld

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

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

Decision rationale: The request for Omeprazole 20 mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend Omeprazole for injured workers taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The injured worker has been documented to be using Omeprazole since at least January of 2014, and she denied gastrointestinal symptoms upon examination. The documentation did not provide evidence of a history of peptic ulcer, GI bleeding, or perforation to support the request. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.

Citalopram 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Citalopram 20 mg #30 with 3 refills is not medically necessary. The California MTUS Guidelines state SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. They are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The injured worker was noted to have an improved mood, however, there was no documentation with evidence of increase functional improvements. Given the injured worker's diagnosis of depressive disorder and continued pain, Citalopram would be appropriate. However, the request for 3 refills does not allow for the reevaluation of treatment. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.

Celebrex 100mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Celebrex 100 mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines states that NSAIDs are generally recommended at the lowest effective dose for the shortest period of time. There is inconsistent evidence for the

use of NSAIDs to treat long-term neuropathic pain. The injured worker complained of radiating right shoulder and right forearm pain with diminished sensation. She was noted to have been using this medication since at least January of 2014. The injured worker reported a pain level of 8/10. In the absence of documentation of significant pain relief and objective functional improvements with the use of Celebrex, the request is not supported. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.