

<b>Case Number:</b>	CM13-0049065		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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:

This patient is a 46 year-old with dates of injury of 08/14/02 and 09/14/13. A progress report associated with the request for services, dated 10/22/13, identified subjective complaints of right elbow pain as well as the neck and arm. Pain was increased with range-of-motion of the neck. Objective findings included tenderness to palpation of the right elbow. There was normal range-of-motion. The biceps and brachioradialis reflexes were absent. Diagnoses included lateral epicondylitis; lesion of the ulnar nerve; triangular fibrocartilage complex tear of the right wrist. Treatment has included NSAIDs and oral analgesics. A Utilization Review determination was rendered on 10/29/13 recommending non-certification of "Meloxicam 7.5mg #60 with 5 refills; Hydrocodone-Acetaminophen 5/500mg #60 with 5 refills; Naproxen 500mg #60 with 5 refills".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Meloxicam (Mobic) is primarily a COX-2 inhibitor non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief and no one NSAID was superior to another. Precautions should be taken due to side effects. There is no indication that the therapy is for a short period rather than what appears to be long-term. Also, there is no indication for the use of two NSAIDs simultaneously (naproxen and meloxicam).

**Hydrocodone-Acetaminophen 5/500mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures; Opioids Page(s): 48, 74-83.

**Decision rationale:** Hydrocodone - Acetaminophen is an opioid analgesic in combination with acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy.

**Naproxen 500mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief and no one NSAID was superior to another. Precautions should be taken due to side effects. There is no indication that the therapy is for a short period; rather it appears to be long-term. Therefore, there is no documentation in the record for the medical necessity of naproxen. Also, there is no indication for the use of two NSAIDs simultaneously (naproxen and meloxicam).

