MAXIMUS Federal Services

Case Number:	CM14-0005914		
Date Assigned:	02/12/2014	Date of Injury:	02/06/2004
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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:

This patient is a 57-year-old female with date of injury 02/06/2004. Per treating physician's report 11/19/2013, the patient presents with headaches, neck pain, bilateral shoulder, arm pain radiating to the wrists associated with numbness and tingling sensation, limited motion, swelling, bilateral upper extremity pain, bilateral wrist-hand pain, stress, anxiety, irritability, and depression, sleep disruption, and reduced daytime alertness, difficulty falling asleep. Listed diagnoses are: 1. Chronic neck pain syndrome with C3-C4 posterior annular tear multilevel disk bulge. 2. Rotator cuff supraspinatus tendon tear. 3. Bilateral elbow sprain/strain. 4. Right lateral epicondylitis. 5. Carpal tunnel syndrome bilaterally. 6. Gastritis. 7. H. pylori infection. 8. Major depression. 9. Tension headaches. 10. Goiter. 11. Fibromyalgia. Under medication, he states, "Take Advil for pain, omeprazole 20 mg twice a day for GI problems, Mobic 7.5 mg every 12 hours for pain #60." Other medications are Gaviscon, capsaicin gel, and continue use of paraffin bath. Under subjective, she states, "The prescribed medications have been helping her." She also is using interferential unit 3 times a day but improvement has plateaued with the condition remaining the same. The patient has received 37 sessions of physical therapy, 3 sessions of chiropractic, and 9 sessions of acupuncture from the facility. Reports on 09/11/2013 prescribed medications helping. The condition remaining the same and the patient was given Toradol 60 mg IM injection. The medications include Gaviscon, omeprazole, Neurontin, Wellbutrin, Mobic 7.5 mg, capsaicin. The patient was to continue exercise regimen at home, continue paraffin bath. The request was denied by utilization review letter on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF MOBIC 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), MEDICATIONS FOR C. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,

Decision rationale: This patient presents with chronic widespread pain involving neck, shoulders, upper extremities, headaches. The patient has been prescribing Mobic 7.5 mg #60 for quite sometimes and request to continue the medication. A review of the reports shows that during each visitation, the treating physician documents, "Prescribed medications have been helping her." However, there are no before and after pain scales to denote how much the medications are helping. There is no specific discussion regarding each of the medications determined, which medication is effective and which is not. The MTUS Guidelines supports use of non-steroidal anti-inflammatory medications for chronic musculoskeletal pain conditions such as chronic neck, shoulder, and upper extremity pains. However, the MTUS Guidelines also requires documentation of pain and function, what medications were used for chronic pain. The MTUS also require monitoring by the treating physician to provide appropriate assessments and make recommendations regarding treatment plan. Although treating physician states that this patient's pain has helped by use of prescribed medications, there are no specific discussions regarding the Mobic and whether or not this medication has been effective and if so how effective. The patient apparently has gastrointestinal complications require use of omeprazole and Gaviscon. The patient has diagnosis of H. pylori infection and gastritis. The treating physician does not discuss risk versus benefit for the use of Mobic which can be the cause of the patient's gastritis, if not maintain a gastric problem. Given the lack of such discussions, the recommendation is for denial.