MAXIMUS Federal Services

Case Number:	CM14-0104861		
Date Assigned:	07/30/2014	Date of Injury:	06/29/2010
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/08/2014

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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 48-year-old female who reported an injury on 06/29/2010 due to striking her head on an overhead cabinet door. The injured worker was diagnosed with cervicalgia, postconcussion syndrome, myalgia and myositis, chronic pain syndrome, depressive psychosis-MOD, anxiety state NOS, psychogenetic pain NEC, and depressive disorder NEC. Prior treatments included 1 session of chiropractic care, 6 sessions of physical therapy, and a home exercise program. The injured worker underwent an MRI of the cervical spine on 08/25/2011. The clinical note dated 10/31/2013 noted the injured worker complained of persistent pain to her neck. The physician also noted the injured worker had a history of gastric reflux, possibly due to her NSAIDs. The injured worker saw her physician on 06/05/2014. The physician noted that the injured worker's pain was chronic. The location of pain included the bilateral shoulders and neck, and the pain was described as burning and throbbing rated 5/10. The duration of the pain was intermittent. The injured worker had full range of motion and was able to perform activities of daily living. The injured worker denied abdominal cramps, constipation, diarrhea, and GERD. The injured worker stated that pain was helped with medication, stretching, and rest. The injured worker ambulated normally without an assistive device. There was tenderness over the paraspinal muscles overlying facet joints supraclavicular region on both sides of the cervical spine. The injured worker received meloxicam, sertraline, Avapro, tramadol, Flexeril, Zoloft, and omeprazole. The physician recommended continued treatment with medications and a home exercise program. The physician was requesting meloxicam and omeprazole. The meloxicam was being requested to treat chronic. The omeprazole was being requested to address complaints of acid indigestion and reflux. A Request for Authorization form was signed on 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15 mg with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, page 61 and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Meloxicam 15 mg with two (2) refills is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The California MTUS Guidelines recommend this medication for the treatment of osteoporosis. There is no indication that the injured worker has been diagnosed with osteoporosis. The injured worker's pain is reduced from 7/10 to 5/10 with objective observations of improvement. The injured worker is making progress through stretching exercises and home exercise, which includes daily walks extending to 40 minutes a day. The injured worker has been prescribed this medication since at least 10/2013. Continued use of the medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Omeprazole 20 mg, one (1) month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Patients at Intermediate Risk for Gastrointestinal Events and no Cardiovascular Disease Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg, one (1) month supply is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI

bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). This medication is being utilized for gastrointestinal complaints related to the use of NSAIDs. The injured worker has denied GERD; however, the injured worker does complain of gastric symptoms including heartburn and indigestion related to taking the NSAIDs. The injured worker has been utilizing these medications since 2013 and notes relief of heartburn and other gastric issues when taking this medication. However, the physician has not documented objective findings, including frequency of incidents, nature, and duration of gastrointestinal complaints. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.