MAXIMUS Federal Services

Case Number:	CM14-0019495		
Date Assigned:	04/21/2014	Date of Injury:	01/01/2007
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 Illinois. 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 61 year old female with a reported date of injury on 01/01/2007. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/21/2013 reported the injured worker complained of pain in the right lower flank area for two weeks. The injured worker also complained of neck pain with continued stiffness which traveled into both shoulders. The injured worker complained of constant low back pain and stiffness with pain traveling down both legs and tingling of the calves. The injured worker also complained of constant left knee pain with popping and occasional swelling, along with pain in both wrist. The injured worker rated her pain at 8/10 without medication and 5/10 with medication. The injured worker noted she was able to sleep about 5 hours per night. The injured worker noted she was not attending therapy. The physical exam noted tenderness over the upper trapezius, levator scapulae and rhomboids bilaterally. The injured worker had diagnoses of musculoligamentous sprain of the lumbar spine, lateral meniscus left knee tear, chondromalacia medial femoral condyle and patella left knee, overuse syndrome bilateral upper extremities, carpal tunnel syndrome, and trigger thumb right. The request for authorization for Meloxicam, continue treatment with [redacted], Omeprazole and Zolpidem was submitted on 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MELOXICAM 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MELOXICAM Page(s): 61.

Decision rationale: The request for Meloxicam 7.5 mg, # 60 is not medically necessary.. The injured worker complained of pain in the right lower flank area for two weeks. The injured worker also complained of neck pain with continued stiffness which travels into both shoulders. The injured worker also complained of constant low back pain and stiffness with pain traveling down both legs and tingling of the calves. The injured worker also complained of constant left knee pain with popping and occasional swelling, along with pain in both wrist. The injured worker rated her pain 8/10 without medication and 5/10 with medication. The injured worker noted she is able to sleep about 5 hours per night. The injured worker noted she is not attending therapy. The California MTUS Guidelines note Meloxicam is a non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines also recommend for osteoarthritis the lowest dose for the shortest period of time in patients with moderate to severe pain. There is a lack of objective findings indicating the injured worker has signs and symptoms of osteoarthritis. There was a lack of documentation of significant objective functional improvement. Therefore, the request for Meloxicam 7.5 mg # 60 is not medically necessary.

CONTINUE TREATMENT WITH [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The request for continued treatment with [redacted] is not medically necessary. The injured worker complained of pain in the right lower flank area for two weeks. The injured worker also complained of neck pain with continued stiffness which travels into both shoulders. The injured worker also complained of constant low back pain and stiffness with pain traveling down both legs and tingling of the calves. The injured worker also complained of constant left knee pain with popping and occasional swelling, along with pain in both wrist. The injured worker rated pain 8/10 without medication and 5/10 with medication. The injured worker noted she is able to sleep about 5 hours per night. The injured worker also noted not attending therapy. The Official Disability Guidelines recommend office visits to be determined by medical necessity. Evaluation and management outpatient visits to the offices of medical doctors a critical role in the proper diagnosis and return to function of an injured worker. The guidelines also note the need for clinical office visits with a health care provider is individualized based upon a review of the patients concerns, signs and symptoms, clinical stability and reasonable physician judgment. The request for continued treatment did not specofy a number of visits being requested. The injured worker also noted she had not attended therapy sessions. There was

a lack of objective documentation indicating the need for continued treatment with [redacted]. Therefore, the request for continued treatment with [redacted] is not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI AND CARDIOVASCULAR RISKS Page(s): 68-69.

Decision rationale: The request for omeprazole 20 mg, # 60 is not medically necessary. The injured worker complained of pain in the right lower flank area for two weeks. The injured worker also complained of neck pain with continued stiffness which travels into both shoulders. The injured worker also complained of constant low back pain and stiffness with pain traveling down both legs and tingling of the calves. The injured worker also complained of constant left knee pain with popping and occasional swelling, along with pain in both wrist. The injured worker rated pain 8/10 without medication and 5/10 with medication. The injured worker noted she is able to sleep about 5 hours per night. The California MTUS guidelines note Omeprazole should be recommended with precautions. The guidelines note to determine if the patient is at risk for a gastrointestinal event, over the age of 65 years old or has had a peptic ulcer, GI bleed or the concurrent us of aspirin. The guidelines also note omeprazole used for the treatment of dyspepsia secondary to NSAID therapy. There is a lack of documentation the injured worker is at risk for a GI events and a lack of objective finding indicating the injured worker to have dyspepsia. The request for Meloxicam was non-certified therefore, there is no medical necessity for the Omeprazole therapy. Therefore, the request for Omeprazole 20 mg, # 30 is not medically necessary.

ZOLPIDEM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Pain, Zolpidem.

Decision rationale: The request for Zolpidem 10 mg, # 30 is not medically necessary. The injured worker complained of pain in the right lower flank area for two weeks. The injured worker also complained of neck pain with continued stiffness which travels into both shoulders. The injured worker also complained of constant low back pain and stiffness with pain traveling down both legs and tingling of the calves. The injured worker also complained of constant left knee pain with popping and occasional swelling, along with pain in both wrist. The injured worker rated pain 8/10 without medication and 5/10 with medication. The injured worker noted she is able to sleep about 5 hours per night. The Official Disability Guidelines note Zolpidem is a prescription short-acting no benzodiazepine hypnotic, which is approved for short-term usually

two to six weeks of treatment for insomnia. The guidelines also note there is also concern that they may increase pain and depression over the long-term. There is a lack of clinical documentation indicating the injured worker to have insomnia. The efficacy of the medication is unclear within the documentation. The rationale for the request was unclear. Therefore, the request for Zolpidem 10 mg, #30 is not medically necessary.