

Case Number:	CM14-0113938		
Date Assigned:	09/16/2014	Date of Injury:	05/01/2012
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 is a 36 year old female with a 5-1-12 date of industrial injury. Subjective symptoms during 6-3-14 exam include neck pain (7/10), occipital headaches (8/10), constant right wrist pain (7/10), moderate left wrist pain (6/10), upper back pain (7/10), mid back pain (2/10), left shoulder pain (2/10), right shoulder pain (6/10) and right elbow pain (6/10). Objective findings: cervical ROM normal, upper extremity strength is normal as is ROM in the shoulder, elbow and wrist. MRI of the bilateral shoulders in January 2014 showed tendinitis/ tendinosis and arthropathy. She has a history of bilateral carpal tunnel syndrome and tenosynovitis. Individual is prescribed Norco, hydrocodone, Ibuprofen, transdermal creams, mobic and neurontin for pain control. She also has incorporated physical therapy, home exercises, manual therapy and acupuncture. She has been prescribed mobic for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDS Page(s): 61, 67-68.

Decision rationale: MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis (see NSAIDs) " MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain- Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, and Neuropathic pain. Regarding "Back Pain- Acute exacerbations of chronic pain", MTUS recommends as a second-line treatment after acetaminophen. Medical records do not indicate that the patient has 'failed' a trial of Tylenol alone. Regarding "Back Pain - Chronic low back pain", MTUS states, "Recommended as an option for short-term symptomatic relief". MTUS guidelines note that NSAIDS should be used at the lowest effective dose for the shortest period of time. Regarding "Neuropathic pain", MTUS writes "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". The individual does suffer from neuropathic pain, but Meloxicam is not recommended for long-term use. The medical records did not show a trial with Tylenol, which is recommended as a first line medication. Lastly, the individual has been taking Mobic well beyond the short term recommendation and the efficacy or benefit of taking it is not noted in her chart. As such, the request for MOBIC 7.5MG #30 is not medically necessary at this time.