

<b>Case Number:</b>	CM14-0134502		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 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:

The patient is a 70-year-old male who has submitted a claim for Lyme disease, babesiosis, encephalopathy, and Hashimoto's thyroiditis associated with an industrial injury date of 4/24/2003. Medical records from 4/1/2014 up to 8/27/14 were reviewed showing chronic neurocognitive symptoms of prolonged duration suspected to be secondary to Lyme disease, treated extensively, including prolonged IV antibiotics. He has possible minor neurocognitive residuals pertaining to organizational skills, memory, and energy levels. He also reports musculoskeletal symptoms and stated that Advil 2-3x per day usually controls his pain and keeps it at 2-3/10 in severity. Objective findings revealed positive Lyme test increased liver function tests, and positive SPECT scan. Treatment to date has included Meloxicam 15mg, Dexilant 60mg, Advil, metronidazole, and Prozac. Utilization review from 8/8/2014 denied the request for Meloxicam 15mg #30 and Dexilant 60mg #30 with 2 refills. Regarding Meloxicam, there was no documentation of functional benefit or acute exacerbation to warrant its request. Regarding Dexilant, the physician did not provide a rationale for the use of Dexilant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. In this case, the patient has been taking Meloxicam since at least 4/2014 with no documented benefit. There was no documentation of improvement in pain and function with use of this medication. Moreover, there was no evidence of acute exacerbation of musculoskeletal symptoms. Therefore, the request for Meloxicam 15mg #30 is not medically necessary.

**Dexilant 60mg #30 with 2 refills:** 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 symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, the patient has been taking Dexilant since at least 4/2014. Although the patient is over 65 years of age, his request for an NSAID is non-certified. He has no complaints of gastrointestinal symptoms or history of peptic ulcer. Therefore, the request for Dexilant 60mg #30 with 2 refills is not medically necessary.