

Case Number:	CM14-0170169		
Date Assigned:	10/20/2014	Date of Injury:	07/08/2010
Decision Date:	12/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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 Medicine 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 is a 35 year-old male with a 7/8/10 date of injury. Medical records from 2014 were reviewed. The patient's diagnosis includes bilateral carpal tunnel syndrome, bilateral medial and lateral epicondylitis, and cervicothoracic syndrome. He was noted to have several flairs of his wrist and elbow pain especially due to the cold weather. His exam findings included positive impingement signs and some improved range of motion of the cervical spine (from a progress note dated 7/17/14). He had a positive Obrien's and Jobe's test. The possibility of a rotator cuff tear was also discussed however an MRI of the shoulder was denied. Treatment to date includes medications and physical therapy (unknown number of sessions unknown, extra sessions denied). An adverse determination was received on 9/19/14 given there was inadequate documentation that the patient received significant reduction in pain or other documented benefits with use of this medication. Omeprazole was denied as the Meloxicam was denied and the patient was not at immediate risk for GI complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Meloxicam 1 tab BID after meals 60 days #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, NSAIDS

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient has bilateral carpal tunnel syndrome, bilateral medial and lateral epicondylitis, and cervicothoracic syndrome, in addition to the possibility of a rotator cuff tear. He has been having flairs of his pain and is not on any other pain medications. This medication is reasonable for pain control. Therefore, the retrospective request for Meloxicam 1 tab BID after meals 60 days #120 is medically necessary.

Retrospective request for Omeprazole 1 tab OD while on Melox 60 days #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. This patient was on chronic NSAIDS, which is a criteria for use of a proton pump inhibitor such as Omeprazole to prevent gastritis or GI bleeds. The use of this medication while on chronic NSAIDS is appropriate. Therefore, the retrospective request for Omeprazole 1 tab OD while on Melox 60 days #60 is medically necessary.