

Case Number:	CM14-0172246		
Date Assigned:	10/23/2014	Date of Injury:	05/09/2007
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 injured worker is a 48-year-old female who sustained an injury on 05/09/07. As per 9/15/14 report she remained symptomatic of her right thumb and shoulder complaints. Objective findings revealed right shoulder tenderness anteriorly and laterally, right thumb tenderness at the MCP joint, diminished grip strength, and tenderness in the volar right wrist with healed incision. Electrodiagnostic studies from 11/13/07 revealed substantial prolongation of the median motor and sensory latency. She previously had right carpal tunnel release and more recently had injections of right trigger thumb. She was on Diclofenac sodium, Hydrocodone-acetaminophen (5/500), Norco (5/325), Ultram and Omeprazole, but it was not clear as to what medications she is on currently. She has had three thumb injections recently and has been doing well as per 7/10/14 report, and there was no trigger of the thumb as per 8/4/14 report, and as per 9/15/14 report, she remained symptomatic and was prescribed Mobic to see if it helps with her symptoms. Diagnoses include status post right carpal tunnel release with chronic pain, right rotator cuff tendinitis, chronic, right thumb stenosing tenosynovitis; improved post injection. The request for Mobic 7.5mg #30 was denied.

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.

Decision rationale: Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs. According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with its use. Furthermore, it is noted that the injured worker has been taking Diclofenac (NSIAD) as well. Therefore, the medical necessity of Mobic has not been established.