

Case Number:	CM14-0175116		
Date Assigned:	10/28/2014	Date of Injury:	01/27/2012
Decision Date:	12/04/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal 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:

The injured worker is a 47-year-old man who was injured on January 27, 2012. The mechanism of injury is described as lifting a "heavy bucket of debris" into a dumpster. He experienced a sharp pain in his neck and left arm, but he was able to continue working until the end of the shift. The same night, he had trouble sleeping due to his orthopedic pains. Pursuant to the progress report dated September 26, 2014, the injured worker presented for re-evaluation of left shoulder pain. The left shoulder pain is documented as radiating to the elbow and digits, and indicates left shoulder weakness. The physical examination reveals a positive impingement testing of the left shoulder. Tenderness to palpation is noted over the trapezius muscles bilaterally. Spurling's test is positive to the right. The injured worker is documenting as only taking over the counter medications, but cannot recall the names. Relevant diagnoses for this review include, but not limited to: Left shoulder status-post rotator cuff repair, February 27, 2012; Left shoulder labral tear with mild acromioclavicular joint osteoarthritis, per MRI of October 10, 2012; Left shoulder mild sprain/strain of the proximal and mid tendons. The treating physician recommends additional physical therapy. He has previously completed 6 physical therapy sessions with improvement. The treating physician does not specify what type of improvement was achieved. The injured worker was prescribed Mobic 7.5mg #30 at the September 26, 2004 office visit.

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 Meloxicam (Mobic, generic available Page(s): 72.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAIDs, Specific Drug List & Adverse Effects Mobic
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601242.html>

Decision rationale: Pursuant to the Chronic Medical Pain Guidelines and the Official Disability Guidelines, Mobic 7.5 mg #30 is not medically necessary. The guidelines state "anti-inflammatories are recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Anti-inflammatory drugs are indicated for the relief of signs and symptoms of osteoarthritis. All nonsteroidal anti-inflammatory's have associated risk of adverse cardiovascular events including MI, stroke, new onset or worsening of pre-existing hypertension. A warning accompanying Mobic states "people who take nonsteroidal anti-inflammatory drugs such as Meloxicam (Mobic) have a higher risk of having a heart attack or stroke than people who do not take these medications." The use of Mobic for treatment of mild to moderate pain is considered an off label use. Off label use is the use of a pharmaceutical drug for unapproved indication or in an unapproved age group, unapproved dosage, and unapproved form of administration. The documentation does not reflect what type of improvement. The ODG indicates Meloxicam is off label. The injured worker has been taking OTC meds and could not recall the names of those medications. Consequently, Mobic (Meloxicam) is not medically necessary. Based on the clinical information medical record in the peer-reviewed evidence-based guidelines, Meloxicam (Mobic) 7.5 mg #30 is not medically necessary.