

Case Number:	CM14-0178861		
Date Assigned:	11/03/2014	Date of Injury:	12/21/2012
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Interventional Spine 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 43 year old female with an injury date of 12/21/12. Based on the 09/22/14 progress report provided by the treater, the patient complains of constant bilateral neck, upper back and right shoulder pain rated moderate to severe. Physical examination revealed tenderness to palpation and decreased range of motion to the cervical and thoracic spines, and the right shoulder. Reflexes were normal. Patient had non-steroidal anti-inflammatory drugs (NSAIDs) with mild improvement, muscle relaxant with no improvement and chiropractic treatments with slight improvement. Patient's medications include Mobic, Pepcid, Meloxicam and Icy Hot patches. Patient is prescribed Pepsid in progress report dated 08/13/14, and she has been prescribed NSAID in the form of Motrin in progress report dated 04/30/14. Diagnosis 09/22/14:- right shoulder sprain- right scapulalgia- cervical spine strain- thoracic spine strain- NSAID sensitivity The utilization review determination being challenged is dated 09/30/14. The rationale follows: 1) Mobic 7.5mg #30: "no evidence of objective functional gains supporting the subjective improvement..." 2) Pepsid 40mg #60: "no evidence of gastrointestinal complaints..." Requesting treater provided treatment reports from 04/30/14 - 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22, 60.

Decision rationale: The patient presents with constant bilateral neck, upper back and right shoulder pain rated moderate to severe. The request is for Mobic 7.5mg #30. Patient's diagnosis dated 09/22/14 included right shoulder sprain, right scapulalgia, cervical and thoracic spine strain, and non-steroidal anti-inflammatory drug (NSAID) sensitivity. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 09/30/14 states "no evidence of objective functional gains supporting the subjective improvement..." Treater states in progress report dated 09/22/14 that "patient had NSAIDs with mild improvement." Though patient has NSAID sensitivity, it appears treater is requesting Mobic because the patient still reports some improvement. The request is reasonable and in line with MTUS. The request is medically necessary and appropriate.

Pepcid 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug consult. Mosby, Inc

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with constant bilateral neck, upper back and right shoulder pain rated moderate to severe. The request is for Pepcid 40mg #60. Patient's diagnosis dated 09/22/14 included right shoulder sprain, right scapulalgia, cervical and thoracic spine strain and NSAID sensitivity. Regarding NSAIDs and gastrointestinal (GI)/ cardiovascular (CV) risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Patient has been prescribed NSAID in the form of Motrin in progress report dated 04/30/14. Per progress report dated 08/13/14, patient is diagnosed with NSAID sensitivity and is prescribed Pepsid. Treater has switched patient to Mobic and initiated H2 antagonist. However, there is no GI assessment to warrant a prophylactic use of a PPI. "Sensitivity" to NSAIDs is an inadequate documentation to warrant use of PPI. The request is not medically necessary and appropriate.