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| Case Number: | CM14-0025965 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 08/09/2012 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 02/03/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 35-year-old female with a reported date of injury on 08/09/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left shoulder and cervical spine pain. Upon physical examination the injured worker presented with left hand stiffness and decreased sensation to the fingers and palm of hand. Left elbow presented with constant pain and sensitivity to touch. The left shoulder presented with limited range of motion. The injured worker's cervical spine range of motion revealed flexion of 80%, extension to 70% and right lateral rotation to 95%, left lateral rotation to 90% and lateral bending on the right to 95%, and lateral bending on the left to 90%. Examination was normal in all the dermatomes of the upper extremities bilaterally. Range of motion to the shoulders was represented as abduction bilaterally to 170 degrees, forward flexion bilaterally to 170 degrees, internal rotation bilaterally to 80 degrees, external rotation to 60 degrees bilaterally and extension to 30 degrees bilaterally. In addition, it was noted that the left shoulder had a positive impingement sign. The clinical note dated 11/12/2013 indicated the injured worker returned to work on full duty with no limitations. Injured worker's diagnoses included tendinitis, left shoulder, lateral epicondylitis of the left elbow, left elbow cubital tunnel syndrome, musculoligamentous sprain cervical spine, left wrist carpal tunnel syndrome and carpal metacarpal joint inflammation of the left thumb. The injured worker's medication regimen included Nizatidine, meloxicam and ibuprofen. Request for Authorization for Tylenol with Codeine, Nizatidine (five refills) and meloxicam (five refills) was submitted on 12/04/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The documentation provided for review indicates the injured worker has been using Motrin as needed prior to 11/12/2013. The addition of Tylenol with Codeine to the injured worker's medication regimen was not provided within the documentation available for review. There is a lack of documentation related to the injured worker's functional deficits and the visual analog scale (VAS) pain score. In addition, the request as submitted failed to provide frequency, dosage, and directions for use. Therefore, the request for Tylenol with Codeine is non-certified.

Nizatidine (with five refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a694030.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: According to drugs.com, Axid is in a group of drugs called histamine-2 blockers. Nizatidine works by decreasing the amount of acid that someone produces. Axid is used to treat ulcers in the stomach and intestines. Axid also treats heartburn and erosive esophagitis caused by gastroesophageal reflux disease. There is a lack of documentation related to the injured worker's previous concerns of ulcers in the stomach or esophagitis caused by gastroesophageal reflux disease. According to the clinical documentation provided for review, the injured worker has utilized Nizatidine prior to 10/31/2013. There is a lack of documentation related to the functional and therapeutic benefit in the use of Nizatidine. In addition, the request as submitted failed to provide a frequency, dosage and directions for use. Therefore, the request for Nizatidine (with five refills) is non-certified.

Meloxicam (with five refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic), NSAIDs (Non-steroidal Anti-inflammatory Drugs) Page(s): 61 & 67.

Decision rationale: The California MTUS Guidelines state that meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The California MTUS Guidelines recommend NSAIDS at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal cardiovascular and renovascular risk factors. NSAIDS appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. According to the clinical documentation provided for review, the injured worker has utilized meloxicam prior to 10/31/2013. There is a lack of documentation related to the injured worker's functional deficits. In addition, there is a lack of documentation related to the functional and therapeutic benefit in the ongoing utilization of meloxicam. In addition, the request as submitted failed to provide frequency, dosage and directions for use. Therefore, the request for meloxicam (with five refills) is non-certified.