

<b>Case Number:</b>	CM14-0075066		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/18/2001
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 48- year-old female was reportedly injured on 12/18/2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 4/25/2014, indicated that there were ongoing complaints of low back and right lower extremity pains, as well as cervical spine pain that radiated into the upper extremities. The physical examination demonstrated cervical spine had mild bilateral paraspinal tenderness to palpation. Range of motion flexion was 40 degrees, extension 10 degrees and right and left lateral flexion 15 degrees. Lumbar spine had positive tenderness to palpation of the bilateral lumbar paraspinal muscles and limited range of motion. There was decreased sensation in the right L5 dermatome with a slight decrease in muscle testing 4-5/5, right extensor hallucis longus. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injection, medications, and conservative treatment. A request had been made for Meloxicam 15 mg #30, Omeprazole 20 mg #30 and was not certified in the pre-authorization process on 5/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 72.

**Decision rationale:** According to MTUS, "COX-2 inhibitors (Mobic) may be considered if the patient has a risk of gastrointestinal (GI) complications but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months but a 10-to-1 difference in cost." After reviewing the medical documentation provided, it was noted that the individual had intolerance to ibuprofen and there was no documentation regarding any improvement with pain, or increase in function with the prolonged and continued use of this medication. Therefore, this request is deemed not medically necessary.

**Omeprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** According to MTUS, "Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications." An intolerance to ibuprofen was noted. After review of the medical documentation provided, it is noted that ibuprofen has been discontinued and the claimant was changed to Meloxicam. Therefore, the use of this medication is deemed not medically necessary, as the patient is at intermediate risk for gastrointestinal events.