

Case Number:	CM15-0107278		
Date Assigned:	06/11/2015	Date of Injury:	07/28/2011
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 7/28/2011. She reported moving heavy books. The injured worker was diagnosed as having partial tear of the rotator cuff, cervical spondylosis, tendinosis and supraspinatus tendon tear. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, shoulder joint injections, physical therapy and medication management. In a progress note dated 5/1/2015, the injured worker complains of pain and weakness in the right shoulder and upper extremity rated 2-4/10. Physical examination showed right shoulder tenderness and pain with decreased range of motion. The treating physician is requesting Meloxicam 15 mg #30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg quantity 30 with six refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti-Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in July 2011 and continues to be treated for chronic shoulder and upper extremity pain. When seen, there was decreased and painful shoulder range of motion with decreased strength. Her past medical history includes irritable bowel syndrome. Gastrointestinal review of systems was negative. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Meloxicam over a non-selective medication. Therefore, the requested treatment is not medically necessary.