

Case Number:	CM15-0137732		
Date Assigned:	07/27/2015	Date of Injury:	01/11/2011
Decision Date:	09/22/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female injured worker suffered an industrial injury on 1/11/2011. The diagnoses included left shoulder tendon tears with repairs and residual partial tear along with degenerative changes and adhesive capsulitis. The treatment included surgical repair of the left shoulder and medications. On 6/4/2015 the treating provider reported left shoulder pain and upper back pain. The injured worker reported that the Ibuprofen and Baclofen were not very effective. The provider noted he switched her medications to Mobic and Norflex. On exam there was tenderness at the left shoulder and left upper back. It was not clear if the injured worker had returned to work. The requested treatments included Meloxicam and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30 30-day supply with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 60 and 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, 2015 web-based; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Meloxicam (Mobic) Section.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the ODG, Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. A large systematic review of available evidence on NSAIDs confirms that Naproxen and low-dose Ibuprofen are least likely to increase cardiovascular risk. In the pooled analyses, meloxicam had a risk profile similar to that of ibuprofen and celecoxib. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, the available documentation does not provide evidence of pain relief or increase in function. The injured worker also stated that the use of NSAIDs had caused her to bruise. The request for Meloxicam 15mg #30 30-day supply with 1 refill is determined to not be medically necessary.

Orphenadrine 100mg ER #60 30 day supply with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, 2015 web-based; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 63-65.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties though a short trial of muscle relaxants is warranted in this case, the amount requested does not indicate a short trial. The request for Orphenadrine 100mg ER #60 30 day supply with 1 refill is determined to not be medically necessary.