

<b>Case Number:</b>	CM15-0181555		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, New York, 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 applicant is a represented 61-year-old who has filed a claim for chronic knee and wrist pain with derivative complaints of anxiety, stress, and insomnia reportedly associated with an industrial injury of May 23, 2011. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for Mobic, Prilosec, and ranitidine (Zantac). The claims administrator referenced an RFA form received on August 24, 2015 and an associated progress note of August 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 20, 2015 progress note, the applicant reported multifocal complaints of knee, wrist, and hand pain, 7-9/10. The applicant reported derivative complaints of psychological stress and insomnia. Activities as basic as bending, carrying, climbing, dressing, driving, pulling, pushing, standing, and walking were all problematic, the treating provider reported. Updated MRI studies of the right wrist and bilateral knees were endorsed, along with a consultation with a hand specialist to address issues with bilateral hand trigger fingers. Mobic, Prilosec, Zantac, and a topical compounded medication were endorsed. The applicant was returned to regular duty work, it was stated in one section of the note. Little to no discussion of medication efficacy seemingly transpired. The attending provider stated that the applicant's pain complaints ranged from 5-9/10 and were ameliorated as a result of ongoing medication consumption. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. On a medical-legal evaluation dated July 13, 2015, the medical-legal evaluator stated that the applicant had become less productive at work and had lost money as a result of the same. The

applicant was nevertheless working, albeit at a reduced rate of prior duty, the medical-legal evaluator reported. On May 14, 2015, the applicant again reported highly variable 3-9/10 pain complaints. The applicant was, once again, returned to regular duty work. Updated MRI studies and a topical compounded agent were endorsed. The applicant's medication list was not seemingly detailed on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Meloxicam 15mg #45: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Yes, the request for meloxicam (Mobic), an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Mobic do represent the traditional first line of treatment for various chronic pain conditions. Here, the attending provider's August 20, 2015 progress note did suggest that the applicant had responded favorably to introduction of Norco, suggesting that the applicant's pain score reduced from 9/10 without medications to 5/10 with medications. The applicant was working regular duty, it was reported on a progress note of August 20, 2015 and confirmed on a medical-legal evaluation of July 13, 2015. It did appear, thus, the applicant was deriving appropriate analgesia and functional improvement as defined in MTUS 9792.20e with ongoing Mobic (meloxicam) usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

#### **Prilosec 20mg #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Conversely, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the August 20, 2015 office visit at issue. Therefore, the request was not medically necessary.

**Ranitidine 150mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Similarly, the request for ranitidine (Zantac), an H2 antagonist, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Zantac are indicated in the treatment of NSAID-induced dyspepsia, here, as with the preceding request, the August 20, 2015 office visit at issue made no mention of the applicant's experiencing any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.