

<b>Case Number:</b>	CM15-0184018		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 49 year old female, who sustained an industrial injury on November 21, 2007. She reported injury to her neck and low back. The injured worker was diagnosed as having chronic neck pain with associated headaches and cervical radiculopathy left upper extremity, left occipital neuralgia, cervicogenic headaches, right shoulder pain status post arthroscopic surgery, lumbar spine sprain and strain, right lower extremity radicular symptoms, anxiety and depression secondary to chronic pain and recurrent persistent deQuervain's disease right wrist with history of deQuervain's release bilaterally. Treatment to date has included diagnostic studies, surgery, multiple injections, occipital nerve blocks, medication and psychological treatments. On July 6, 2015, the injured worker complained of ongoing neck pain with radiation down the left upper extremity along with numbness, tingling and weakness. She stated that the pain to the low back is slowly returning. There was also pain traveling down the right lower extremity with numbness and tingling and a slight burning pain in the right leg. She denied any bowel or bladder changes. The pain was rated as a 5-6 on a 1-10 pain scale with medication. She rated her head and neck pain as an 8 on the pain scale without medications. She noted 30% improvement in her pain symptoms and 30% improvement in function. She was noted to experience dyspepsia and significant gastrointestinal discomfort with use of anti-inflammatories. Her Omeprazole medication has been beneficial in reducing the symptoms and allowing her to continue the use of Meloxicam, which she noted is beneficial. The treatment plan included Percocet, Hydroxyzine, Gabapentin, Lexapro, Meloxicam, Omeprazole, re-

evaluation, possible surgical intervention, Dendracin lotion, trial of ketoprofen-gabapentin-lidocaine compounded rub and a follow-up visit. On August 31, 2015, utilization review denied a request for Omeprazole 10mg #60 and Meloxicam 7.5mg #60.

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

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

**Omeprazole 10 mg Qty 60, 2 times daily as needed:** 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) Age > 65 years; (2) History of peptic ulcer, GI bleeding or perforation; (3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) High dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or(2) A Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do establish the patient as having documented GERD, NSAID induced gastritis and the patient is on chronic NSAID therapy. As such, the request for Omeprazole 10 mg Qty 60, 2 times daily as needed is medically necessary.

**Meloxicam 7.5 mg Qty 60, 2 times daily as needed:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis, see NSAIDs." MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain, Acute exacerbations of chronic pain, Back Pain, Chronic low back pain, and Neuropathic pain. Regarding Osteoarthritis (including knee and hip), medical records do not indicate that the patient is being treated for osteoarthritis, which is the main indication for meloxicam. Regarding Back Pain, Acute exacerbations of chronic pain, MTUS recommends as a second-line treatment after acetaminophen. Medical records do not indicate that the patients

has failed a trial if tylenol alone. Regarding Back Pain, Chronic low back pain, MTUS states, "Recommended as an option for short-term symptomatic relief." The medical records indicate that the patient has been prescribed meloxicam since at least 2012, which would be considered longer than short-term. Regarding Neuropathic pain, MTUS writes "There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." Medical records do indicate that the patient is being treated for mixed pain and that the patient gets significant pain relief from meloxicam. In addition the treating physician is performing blood work to monitor the patient's liver and kidney function while on chronic NSAID therapy. As such, the request for Meloxicam 7.5 mg Qty 60, 2 times daily as needed is medically necessary at this time.