

Case Number:	CM14-0116822		
Date Assigned:	08/20/2014	Date of Injury:	12/07/2010
Decision Date:	10/15/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal Medicine, has a subspecialty in Nephrology, and is licensed to practice in California. 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:

This is a 54-year-old with a December 7, 2010 date of injury, when she sustained the injury to the cervical spine and left shoulder due to repetitive movements. The progress report indicated that the patient was taking Mobic at least from October 28, 2013. The patient was seen on June 24, 2014 with complaints of 7/10 deep picking and sharp neck and left shoulder pain. The patient was using a TENS (transcutaneous electrical nerve stimulation) unit and Lidoderm and was doing home exercise program. The note stated that the patient was avoiding meloxicam because of epigastric burning, which did not improve with omeprazole and she was very concerned about gastritis/GERD (gastroesophageal reflux disease). Exam findings revealed decreased range of motion in the cervical spine in all planes and myofascial tenderness in the left trapezius muscle and left cervical spine. The diagnosis is cervicgia, cervical radiculitis, myofascial pain, left shoulder pain and trigger ring finger. Treatment to date: work restrictions, home exercise program, TENS unit and medications. An adverse determination was received on July 4, 2014 given that the patient was having problems with epigastric burning pain, even with the use of proton pump inhibitor. The patient was very concerned about the gastritis/GERD and that would not support ongoing need for the anti-inflammatory treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam tablets 7.5 mg, sixty count with four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs

Decision rationale: Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The progress report indicated that the patient was taking Mobic at least from 10/28/13. During the follow up visit dated 6/24/14 the patient stated that she was avoiding meloxicam because of epigastric burning, which did not improve with omeprazole and she was very concerned about gastritis/GERD. It is not clear why the additional request for Meloxicam was submitted given that the patient she was avoiding the medication due to gastrointestinal side effects. Therefore, the request for Meloxicam tablets 7.5 mg, sixty count with four refills, is not medically necessary or appropriate.