

Case Number:	CM14-0147213		
Date Assigned:	09/15/2014	Date of Injury:	01/24/2000
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family Medicine 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 female patient who reported an industrial injury on the left shoulder and right knee 1/24/2000, over 14 years ago, attributed to the performance of her usual and customary job tasks. The patient is continuing to complain of pain to the shoulder and knee. The patient was requested to have Supartz; however, there was no documented Grade of the OA/chondromalacia of the knee. The patient was prescribed Mobic and Aciphex for the knee and shoulder arthritic changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg 1 tab BID #180 (90 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

Decision rationale: The prescription of NSAIDs is consistent with the diagnoses; however, the continued prescription of Mobic over OTC NSAIDs is not demonstrated to be medically necessary. There is no medical necessity for Mobic for this patient as opposed to COX I NSAIDs. There is no medical necessity for the prescription of a COXI/COX II inhibitor over the

available OTC NSAIDs. There are no demonstrated GI issues documented by the treating physician with the prescription of COX I NSAIDs, such as, ibuprofen or naproxen. Mobic is prescribed as 15 mg per day. There is no rationale for the prescription of Mobic 7.5 mg over Ibuprofen or OTC NSAIDs. The NSAID, Mobic (meloxicam) prescribed, is a combination of a COX I and a COX II inhibitor. The NSAID is being prescribed for the treatment of pain and inflammation. The prescription is consistent with evidence-based guidelines. Meloxicam is in a class of drugs called non-steroidal anti-inflammatory drugs (NSAIDs) and are used to treat pain and/or inflammation. Prostaglandins are chemicals that contribute to inflammation within joints, and it is the inflammation that leads to the common symptoms of pain, tenderness, and swelling associated with arthritis. Meloxicam blocks the enzymes that make prostaglandins (cyclooxygenase 1 and 2) and reduces the levels of prostaglandins. As a result, inflammation and its accompanying symptoms are reduced. Meloxicam is available as a yellow, round, biconvex, uncoated tablet containing meloxicam 7.5 mg or as a yellow, oblong, biconvex, uncoated tablet, containing meloxicam 15 mg. Meloxicam is used to treat tenderness, swelling and pain caused by the inflammation of osteoarthritis and rheumatoid arthritis. The lowest effective dose should be used for each patient. Meloxicam therapy usually is started at 7.5 mg daily. Some patients require a dose of 15 mg daily, but this dose should be taken only under the direction of a physician. Meloxicam may be taken with or without food. There is no medical necessity for Mobic 7.5 mg #180 to be prescribed over COX I NSAIDs.