

Case Number:	CM14-0160529		
Date Assigned:	10/06/2014	Date of Injury:	12/04/2003
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopaedic Surgery, and is licensed to practice in Texas. 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:

The injured worker is a 62 year old female with a date of injury on 7/01/2001. This injured worker is a production assistant with past surgical history was positive for left carpal tunnel release on 4/26/05, left shoulder arthroscopy on 4/30/07, right shoulder revision arthroscopic rotator cuff repair on 4/12/10, and bilateral revision carpal tunnel releases on 8/12/11 and 1/23/12. Past medical history was positive for gastroesophageal reflux disease, hyperlipidemia, diabetes, hypertension, obesity, and sleep disorder. The 8/20/14 cervical spine x-rays revealed no severe disc space narrowing at the C5/6 or C6/7 levels. There was no fracture noted or evidence of osteopenia. The 8/20/14 treating physician report cited persistent neck and left upper extremity complaints and bilateral knee pain. Symptoms were increasing as of late. She saw a pain management specialist in the past with benefit. The anti-inflammatory and pain medications have helped in the past to increase activities of daily living. A physical exam documented cervical paraspinal and trapezius muscle tenderness and mild to moderate loss of range of motion. There was decreased cervical dermatomal sensation with normal strength and reflexes. Left wrist exam documented diffuse forearm tenderness, decreased median nerve sensation, mild weakness, and mild loss of ulnar deviation. The treatment plan recommended referral for pain management consultation and continued use of Ultram and Norco. Meloxicam 25 mg one per day #90 with two refills was prescribed for anti-inflammatory effect. X-rays of the cervical spine would be obtained on the injured worker's return in 6 weeks. The 9/15/14 utilization review modified the request for Meloxicam 25 mg #90 with two refills to Meloxicam 25 mg #90 with no refills as this was the first prescription and refills would not be supported until medication tolerance and effectiveness was assessed. The request for cervical spine x-rays at the time of the next follow-up visit was denied as x-rays were obtained on this visit and the medical necessity of repeat x-rays for a future visit were not documented consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 25mg #270: 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 Meloxicam (Mobic), NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 61 67-72.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Meloxicam (Mobic), a non-steroidal anti-inflammatory drug (NSAID), for the relief of signs and symptoms of osteoarthritis and indicate that use for mild to moderate pain is off-label. The usual dose of Mobic is 7.5 mg per day, although some injured workers may receive additional benefit with an increase to 15 mg per day. It is generally recommended that the lowest effective dose be used for all non-steroidal anti-inflammatory drugs (NSAIDs) for the shortest duration of time consistent with the individual injured worker treatment goals. Guideline criteria have not been met. The prescribed quantity, #90 with 2 refills, is inconsistent with the reported use of one tablet daily and exceeds guideline criteria for short-term use. The prescribed dose exceeds typical guideline recommendations for maximum dosage of 15 mg per day. The 9/15/14 utilization review modified the request for Meloxicam 25 mg #90 with 2 refills to Meloxicam 25 mg #90 with no refills. There is no compelling reason to support the medical necessity of additional Meloxicam. Therefore, this request is not medically necessary.

Cervical spine X-rays #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Neck & Upper Back (Acute & Chronic) Chapter, Radiology (x-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Radiography (x-rays)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the initial use of x-rays when there are red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. The Official Disability Guidelines support radiographs for chronic neck pain limited to initial studies. Guideline criteria have not been met. Cervical spine x-rays were obtained on 8/20/14 with no findings of severe disc space narrowing, fracture or osteopenia. There is no compelling reason to support the medical necessity of repeat cervical spine x-rays for routine follow-up within 6 weeks Therefore, this request is not medically necessary.

