

Case Number:	CM15-0120487		
Date Assigned:	07/01/2015	Date of Injury:	04/19/2013
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 41 year old female who sustained an industrial injury on 04/19/2013 resulting in pain to the bilateral wrist and elbows due to cumulative trauma. Treatment provided to date has included: physical therapy with noted improvement; psychotherapy (20); cortisone injections to right shoulder (5/2015) with good relief; chiropractic treatments with no lasting improvement; medications (Flexeril, Prilosec, Naproxen and Ibuprofen); and conservative therapies/care. Diagnostic tests performed include: x-rays of the bilateral elbows and hands (2014) showing no acute findings. Comorbidities included hypothyroidism. There were no other dates of injury noted. On 05/22/2015, physician progress report (PR) noted complaints of persistent bilateral elbow pain and tightness in the forearms with occasional paresthesias in both hands. The pain was not rated in severity. Additional complaints included pain and spasms to the right trapezius muscles and neck. The injured worker also reported good pain relief to the right shoulder with recent injection to the right shoulder (05/08/2015). Current medications were not specifically reported in the bi-weekly progress notes; however, it was noted from previous exams (PR) that the injured worker had been prescribed meloxicam, Mobic, and Flexeril. The physical exam revealed positive Tinel's test bilaterally and cubital tunnel on the left (right was negative); positive Phalen's test on the right (negative on the left); decreased sensation with pinwheel to the thumbs, index fingers and long fingers bilaterally; residual weakness to the right shoulder; restricted range of motion in the right shoulder, and signs of impingement in the right shoulder. The provider noted diagnoses of cervicotrapezial strain, bilateral shoulder impingement syndrome/possible instability and labral tear on the right, right flexor tendinitis, right flexor

tendinitis, right lateral epicondylitis, early bilateral carpal tunnel syndrome associated with bilateral flexor tendinitis, and early cubital tunnel syndrome to the bilateral elbows. Plan of care (as noted on the 05/22/2015 PR) includes electrodiagnostic and nerve testing of the upper extremities, physical therapy (6) for the right shoulder, refills on Mobic for pain, and follow-up. A previous PR, dated 04/30/2015) shows a request for Meloxicam and Flexeril. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: Mobic (generic is meloxicam) 15mg #30, cyclobenzaprine (brand-name is Flexeril) 5mg #30, and meloxicam (brand-name is Mobic) 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Mobic (meloxicam) is a non-steroidal anti-inflammatory drug (NSAID) used to treat symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option as there is no evidence of long-term effectiveness for pain or function, and long-term use increases risks for cardiovascular, gastrointestinal and renal function problems. After review of the clinical documentation submitted, it was noted that the injured worker had been prescribed Mobic since at least 04/30/2015 with no noted measurable improvement in function, improved quality of life, or reduction in pain in relation to use of this medication. Additionally, there was no notation of GI symptoms requiring a COX-2 inhibitor rather than a non-selective NSAID. As such, Mobic is not medically necessary as requested.

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Cyclobenzaprine (brand names: Amrix, Flexeril and Fexmid; generic form: tabradol) is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating

muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Amrix, Flexeril, Fexmid and other generic forms) is recommended for a short course of treatment (with greatest effect within the first 4 days) and not recommended for long term use. The clinical notes show that the injured worker has been prescribed cyclobenzaprine (Fexmid) since 12/29/2014 with insufficient evidence of reduction in pain and improvement in function. Additionally, even though the injured worker complained of muscle spasms, these were not noted during the physical exam (in objective findings). Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, Fexmid 5mg #30 is not medically necessary.

Meloxicam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Meloxicam (Mobic) is a non-steroidal anti-inflammatory drug (NSAID) used to treat symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA). The MTUS states "Meloxicam (Mobic, generic available): 7.5mg, 15mg. Dosing: Osteoarthritis: The usual initial dose is 7.5mg/day, although some patients may receive additional benefit with an increase to 15mg a day. The maximum dose is 15 mg/day. Use for mild to moderate pain is off-label." The MTUS' Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option as there is no evidence of long-term effectiveness for pain or function, and long-term use increases risks for cardiovascular, gastrointestinal and renal function problems. After review of the clinical documentation submitted, it was noted that the injured worker had been prescribed meloxicam 15mg #30 on 04/30/2015 (previously on Naproxen). The PR dated 05/22/2015 request "refill" on Mobic 15mg #30. Mobic and meloxicam are the same medication with Mobic being the name-brand and meloxicam being the generic version. As such, there does not appear to be 2 different requests for Mobic and meloxicam. Therefore, the request for meloxicam is not medically necessary as requested.