

Case Number:	CM15-0178342		
Date Assigned:	09/18/2015	Date of Injury:	06/15/2014
Decision Date:	10/22/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male with a date of injury of June 15, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder sprain, rupture of the left rotator cuff, and neck sprain. The documentation indicates that the injured worker underwent left shoulder arthroscopic subacromial decompression and rotator cuff repair on June 18, 2015. Medical records dated August 19, 2015 indicate that the injured worker complains of pain to the left biceps and shoulder rated at a level 6 out of 10 with medications. Records also indicate that the injured worker's condition "Has improved as expected". Per the treating physician (August 19, 2015), the employee has not returned to work. The physical exam dated August 19, 2015 reveals tenderness over the left trapezius and interscapular area, no pain with shoulder motion, intact motor strength, intact light touch sensation in all dermatomes, and range of motion within normal limits. No other progress notes dated after the injured worker's surgery were submitted for review. Treatment has included at least twelve sessions of physical therapy, and medications (Meloxicam 7.5mg one tablet twice a day since at least May of 2015). The original utilization review (September 4, 2015) non-certified a request for Meloxicam 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam tab 7.5mg #60: Upheld

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, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The claimant sustained a work injury in June 2014 and underwent an arthroscopic rotator cuff decompression and repair in June 2015. His pre-op assessment dated 06/12/15 documents a past medical history of left hearing loss and lower eyelid skin cancer. Medications included Meloxicam. Ibuprofen had been prescribed previously but was not being taken. When seen, there was full wrist and hand range of motion with normal strength and sensation. He was continued out of work. Meloxicam was refilled. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Although ibuprofen was prescribed previously, there is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as meloxicam over a non-selective medication. The request is not considered medically necessary.