

<b>Case Number:</b>	CM15-0063005		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: 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 62 year old male, who sustained an industrial injury on 8/8/02. The documentation 2/18/15 noted that the injured worker has a history of gastritis, arthropathy and ulcers and was taking etodolac, rabeprazole and zantac. The documentation noted that the injured worker was prescribed carafate and he had stated he could not tolerate it, he attempted trial off of etodolac but the pain was uncontrolled. The injured worker states that tylenol does not control his pain. The injured worker continues to have complaints of abdominal pain. The diagnoses have included chronic fatty liver; history of colonic polyps and peptic ulcer. Treatment to date has included colonoscopy noted 10 polyps retrieved and pathology was hyperplastic polyp; abdominal ultra sound and medications. The request was for meloxicam 7.5mg # and meloxicam 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5mg #30:** 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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Meloxicam 7.5 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Patients at high risk for gastrointestinal events with no cardiovascular disease: a Cox-2 selective agent plus a proton pump inhibitor is indicated if absolutely necessary. In this case, the injured workers working diagnoses are gastritis; history of peptic ulcer disease (November 11, 2014 progress note); arthropathy chronic; and colon polyps. The injured worker was prescribed Etodolac (non-selective non-steroidal anti-inflammatory drugs). The injured worker was prescribed a proton pump inhibitor and an H2 receptor blocker with non-resolution of dyspepsia and symptoms of gastritis. The injured worker was changed from Etodolac to another nonselective non-steroidal anti-inflammatory drug, meloxicam 7.5 mg. There is no clinical rationale in the medical record for switching one nonselective non-steroidal anti-inflammatory drug to another nonselective non-steroidal anti-inflammatory drug. The guidelines recommend stopping the non-steroidal anti-inflammatory drug, switching to a different non-steroidal anti-inflammatory drug or considered H2 receptor antagonists or proton pump inhibitors. Treatment options include selective Cox-2 non-steroidal anti-inflammatory drugs (Celebrex). Additionally, the injured worker is not currently taking opiates for analgesic pain relief. The injured worker has a history of ongoing gastritis and a known history of peptic ulcer disease and should not be taking long term nonselective non-steroidal anti-inflammatory drugs. Patients at high risk for gastrointestinal events with no cardiovascular disease: a Cox-2 selective agent plus a proton pump inhibitor is indicated if absolutely necessary. Consequently, absent clinical documentation with a clinical rationale for a nonselective non-steroidal anti-inflammatory drug, Meloxicam 7.5 mg #30 is not medically necessary.

**Meloxicam 7.5mg #90:** 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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Meloxicam 7.5 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-

inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Patients at high risk for gastrointestinal events with no cardiovascular disease: a Cox-2 selective agent plus a proton pump inhibitor is indicated if absolutely necessary. In this case, the injured workers working diagnoses are gastritis; history of peptic ulcer disease (November 11, 2014 progress note); arthropathy chronic; and colon polyps. The injured worker was prescribed Etodolac (non-selective non-steroidal anti-inflammatory drugs). The injured worker was prescribed a proton pump inhibitor and an H2 receptor blocker with non-resolution of dyspepsia and symptoms of gastritis. The injured worker was changed from Etodolac to another nonselective non-steroidal anti-inflammatory drug, meloxicam 7.5 mg. There is no clinical rationale in the medical record for switching one nonselective non-steroidal anti-inflammatory drug to another nonselective non-steroidal anti-inflammatory drug. Treatment options include selective Cox-2 non-steroidal anti-inflammatory drugs (Celebrex). Additionally, the injured worker is not currently taking opiates for analgesic pain relief. The injured worker has a history of ongoing gastritis and a history of peptic ulcer disease and should not be taking long-term nonselective non-steroidal anti-inflammatory drugs. Patients at high risk for gastrointestinal events with no cardiovascular disease: a Cox-2 selective agent plus a proton pump inhibitor is indicated if absolutely necessary. Consequently, absent clinical documentation with a clinical rationale for a nonselective non-steroidal anti-inflammatory drug, Meloxicam 7.5 mg #90 is not medically necessary.