

<b>Case Number:</b>	CM13-0071670		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 55 year old male who was injured on 03/08/2000. The patient's medications as of 11/21/2013 include Senna laxative 8.6 mg, methadone 10 mg HCL, Promethazine HCL 25 mg, Flexeril 10 mg and Meloxicam 15 mg. The drug screen dated 10/24/2013 reports that methadone metabolite and methadone (LCMSMS) were detected in the specimen collected. A report submitted for review shows that the patient has complaints of bilateral lumbar pain in the right knee partially-controlled with medication and HEP in this patient with worsening para-lumbar spasm unresponsive to conservative treatment. She has rated her previous pain on a bad day an 8/10; current pain rating on a bad day is 8/10. She reports the nature of the pain is always the same. It becomes aggravated by sitting and alleviated by rest and medication. On exam, there is tenderness to palpation over the lumbar spine at L4-L5. She has moderately severe bilateral par lumbar spasms. There is tenderness to palpation of the left sacroiliac joint with palpable Schmorl's nodes. Straight leg raise test is negative bilaterally. Strength is normal in upper and lower extremities. She has normal sensation to pinprick in the lower extremities as well as normal vibratory sensation in the lower extremities. There is no evidence of sensory loss. The patient is diagnosed with lumbar radiculopathy, lumbar degenerated disc disease, lumbar discogenic spine pain, lumbar sprain/strain; and lumbar facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MELOXICAM 15 MG, QTY: 30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter NSAIDS (Non-Steroidal Anti-Inflammatory Drugs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 61, 67.

**Decision rationale:** The Guidelines indicate that NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. There is no supporting documentation that Meloxicam provides functional or vocational benefit in the medical record for this patient. Therefore, the requested Meloxicam is not medically necessary or appropriate.