

Case Number:	CM14-0015923		
Date Assigned:	06/04/2014	Date of Injury:	01/29/2013
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 41-year-old male who reported an injury on 01/29/2013. The mechanism of injury was a slip and fall while carrying a bucket of tools. The injured worker's medication history included opioids, NSAIDs, and muscle relaxants as of 05/2013. The documentation of 11/20/2013 revealed the injured worker had decreased painful range of motion. It was indicated the injured worker was taking Percocet 10/325 mg 5 tablets daily and Meloxicam 7.5 mg 2 tablets daily. The diagnoses included chronic pain syndrome. The treatment plan included Percocet 10/325 mg #145, Meloxicam 7.5 mg #30, Vistaril 25 mg #30, Cymbalta 30 mg #30, and Lunesta 3 mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS X 1, CONTINUE MELOXICAN 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose

be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 5 months. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication as well as the quantity being requested. Given the above, the request for meds x 1 continue Meloxicam 7.5 mg is not medically necessary.