

<b>Case Number:</b>	CM14-0132470		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/19/1991
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 54 year old female with complaints of low back pain and spasms. The date of injury is 10/19/91 and the mechanism of injury is a fall injury in a wet field. At the time of request for Meloxicam 7.5#30 with 3 refills and Pantoprazole 20#30 with 3 refills, there is subjective (low back pain) and objective (lumbar spasms with tightness with straight leg rising, Achilles relex diminished, flexion at the waist to 50 degrees) findings, imaging findings (no reports are included but was diagnosed with L5-S1 disc protrusion), diagnoses (lumbar herniated disc L5-S1), and treatment to date (medications are the only stated treatment in records sent, placed on light duty). In regards to the pharmacologic treatment requested, NSAIDS and specifically meloxicam are indicated for osteoarthritis at the lowest dosing possible balancing risks of long term nsaid use with the analgesic benefits. They are not recommended for the treatment of chronic low back pain. Zolpidem is recommended only for short term treatment of insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5 mg #30 with 3 refills:** 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  
Page(s): 67-72.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, NSAIDS and specifically Meloxicam are indicated for osteoarthritis at the lowest dosing possible balancing risks of long term nsaid use with the analgesic benefits. They are not recommended for the treatment of chronic low back pain. As the documentation, physical exam findings, and diagnoses do not support use of meloxicam, this medicine is not medically necessary.

**Pantoprazole 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-68.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, as discussed above for the request for meloxicam, the indication for long term use of nsaid is not supported. Therefore, the request for pantoprazole is not medically necessary.

**Zolpidem 10mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain (Chronic)>, <Zolpidem>.

**Decision rationale:** Per ODG Evidence Based Decision Guidelines, Zolpidem is recommended only for short term treatment of insomnia. Therefore, this medication is not medically necessary.