

<b>Case Number:</b>	CM14-0159865		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/11/2005
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 54-year-old male with a date of injury on 4/13/2005. The injured worker had chronic low back pain. Exam findings noted some paralumbar tenderness with slight decrease in lumbar spine range of motion. A request was made for the non-steroidal anti-inflammatory drug Mobic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** There is little data in regard to the use of this medication by this injured worker. A note indicates that the injured worker was not receiving much benefit from the use of non-steroidal anti-inflammatory drugs, and then the Mobic is requested by the physician. Overall, continuing this medication would be predicated on documentation of some benefit derived with its use: reduction in pain and improvement in function. At the same time the Mobic was prescribed, Hydrocodone was also prescribed. The data does not support the use of this drug

was helpful to this injured worker. Therefore, the request for Meloxicam 7.5mg #60 is not medically necessary and appropriate.