

Case Number:	CM14-0163858		
Date Assigned:	10/08/2014	Date of Injury:	04/22/2002
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation, has a subspecialty in Spinal Cord Injury and is licensed to practice in New York. 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 59-year-old male who reported an injury on 04/22/2002. The mechanism of injury was when the injured worker was lifting a 5 gallon paint bucket. The diagnoses included lumbosacral sprain/strain, lumbar intervertebral disc displacement, lumbar spinal stenosis, paraspinal abscess at L3-5. Previous treatments included medication. Within the clinical note dated 03/19/2014, it was reported the injured worker complained of lumbar spine pain. He reported the pain radiated to the bilateral lower extremities, left greater than right and to the base of his toes on the left. He described the pain as aching and burning. He rated his pain 8/10 in severity. Upon the physical examination, the provider noted the injured worker had a bilateral sciatic notch tenderness, moderate on the right and slight on the left. The range of motion was noted to be forward flexion at 50 degrees, and extension 20 degrees. A request was submitted for Mobic. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Mobic (meloxicam) tablets 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Mobic (meloxicam) tablets 7.5mg is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with cautions as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, which exceeds the guideline recommendations of short term use. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.