

<b>Case Number:</b>	CM14-0179745		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/10/2008
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 female with an injury date of 02/10/08. Based on the physician assistant's progress report dated 08/19/14, the patient complains of low back pain that "increased and lasted for a week" before getting better. She is also experiencing cramping in the anterior thigh area and her condition is worsening at night. Physical examination revealed decreased sensation over the lateral aspect of the right lateral calf and the medial calf. In the physician's report dated 03/11/14, the patient stated that her back pain was well-controlled with Lidoderm patches. Physical exam showed negative straight leg raise bilaterally, but both legs at 90 degrees lead to left-sided back pain. The patient had epidurals in the past with good relief, as per progress report dated 08/19/14. Patient's list of medications, as per the report, include Atenolol, Micardis, Norco, Celebrex, GNP Triple Antibiotic Ointment, Dyazide, Protonix, Lyrica, Vistaril, Lidoderm, Vicodin, Mobic, Meloxicam, and Lidoderm patch. Diagnosis, 03/11/14:- Intermittent L5 left radiculopathy- Lumbar degenerative disc disease with discogenic back pain. The physician is requesting Meloxicam 7.5 mg tabs. The utilization review determination being challenged is dated 09/29/14. The rationale was "no documentation of quantifiable pain reduction as a result of utilizing the medication." Treatment reports were provided from 03/11/14 - 08/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5mg tabs (Meloxicam): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Anti-Inflammatory Medications Page(s): 60-61; 22.

**Decision rationale:** This patient presents with low back pain and cramping in the anterior thigh area that worsens at night, as per progress report dated 08/19/14. The request is for Meloxicam 7.5 mg tabs. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Meloxicam was prescribed in both the progress reports dated 08/19/14 and 03/11/14. However, the treater does not discuss functional benefit or pain reduction from the medication. The request also does not include the number of tablets and duration of use. Since the MTUS guidelines recommend short-term use of NSAIDs such as Meloxicam with documented improvement in pain or functionality, recommendation is for denial.