

Case Number:	CM14-0034686		
Date Assigned:	06/20/2014	Date of Injury:	04/30/2011
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report dated February 21, 2014, the claims administrator denied a request for Meloxicam, an anti-inflammatory medication, noting that the attending provider had not documented any evidence of medication efficacy or presence or absence of side effects. It was stated that the applicant was off of work. The claims administrator did not, however, incorporate cited guidelines into its recommendation. The applicant's attorney subsequently appealed. A September 5, 2013 progress note is notable for comments that the applicant had heightened shoulder, neck, and back pain complaints. The applicant stated that she was worried about possible bone cancer. The applicant was placed off of work, on total temporary disability. Physical therapy was ordered. The applicant's medication list was not provided on this date. In a handwritten note of December 12, 2013, the applicant was again described as off of work, on total temporary disability. The applicant's complete medication list was not provided, although it is suggested that the applicant was not using opioids but was using Lidoderm patches and Voltaren cream. The note was quite difficult to follow. In a January 16, 2014 progress note, the applicant was again placed off of work, on total temporary disability. The attending provider stated that the applicant had not provided list of medications and/or their dosage which he was receiving from other providers. It was stated that the applicant was using Percocet, Suboxone, Norco, and Xylocaine at this point. There was no mention of Mobic made on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines acknowledges that anti-inflammatory medications such as Meloxicam do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The Chronic Pain Medical Treatment Guidelines also states that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no discussion of medication efficacy. No rationale for selection and/or ongoing usage of Meloxicam has been provided. The documentation on file, as previously noted, is sparse, handwritten, and difficult to follow. Therefore, the request for Meloxicam 15mg, sixty count, is not medically necessary or appropriate.