

Case Number:	CM14-0043590		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2012
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported an injury on 10/10/2012. The mechanism of injury was not provided. On 03/18/2014, the injured worker presented with neck, back, and shoulder pain. Current medication included Lexapro, Flexeril, Vicodin ES, Etodolac, methocarbamol, Duexis, Neurontin, Norco, and Robaxin. Upon examination of the cervical spine, there was a palpable trigger point upon palpation noted to the head and neck, and palpation of the lumbar facets revealed pain on the bilateral L3-S1 region. A positive trigger point with palpable twitch was noted to the lumbar paraspinal muscles. The provider recommended Mobic for the alleviation of pain. The Request for Authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic (Meloxicam) tablets 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (Meloxicam).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The request for Mobic (Meloxicam) tablets 15mg is non-certified. The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The included documentation lacked a complete and adequate assessment of the injured worker's pain. Additionally, the provider's request did not indicate the quantity or frequency of the medication in the request as submitted. As such, the request is not medically necessary.