

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0079020 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 12/19/2011 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 & Rehabilitation 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 injured worker is a 53-year-old male who reported an injury 12/19/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 11/07/2013 is handwritten and hard to decipher. The clinical note indicated diagnosis of multilevel degenerative disc disease. The injured worker reported he was doing well, but needed his medication. He reported he finished physical therapy and was doing a home exercise program. On physical examination, the injured worker was able to heel/toe walk and had a positive straight leg raise bilaterally. The injured worker's treatment plan included Mobic and follow-up as needed. The injured worker's prior treatments were not provided within the documentation submitted. The injured worker's medication regimen was not provided within the documentation submitted. The provider submitted a request Meloxicam. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam tablet 15 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medicine. Moreover, the request does not indicate a frequency for the medication. Therefore, Meloxicam tablet 15 mg #30 is not medically necessary.