

Case Number:	CM14-0084387		
Date Assigned:	07/21/2014	Date of Injury:	10/20/1998
Decision Date:	09/23/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63 year old female who had a date of injury of 10/20/98. The injured worker had the gradual onset of right elbow pain secondary to repetitive activity. Her medications have largely been NSAIDs. The injured worker is currently working regular duty. Her diagnosis was right elbow lateral epicondylitis. On 05/07/14 she underwent EMG/NCV which noted moderately severe carpal tunnel syndrome. Most recent clinical noted that the injured worker developed gastrointestinal discomfort secondary to chronic NSAIDs use. A Utilization review determination dated 05/24/14 was deemed not medically necessary for meloxicam 7.5mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for Meloxicam 7.5mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The request for Prospective request for Meloxicam 7.5mg #30 with 1 refill is recommended as medically necessary. The submitted clinical records indicate that the injured

worker has chronic elbow pain secondary to lateral epicondylitis and evidence of moderate to severe carpal tunnel syndrome for which she was actively receiving treatment. Prior NSAIDs were noted to have caused gastric distress and subsequently she was recommended to use Mobic 7.5mg. Based upon the submitted clinical records the request for meloxicam 7.5mg #30 with one refill would be supported as medically necessary under CAMTUS secondary to gastric discomfort. This request is medically necessary.