

Case Number:	CM14-0181437		
Date Assigned:	11/06/2014	Date of Injury:	01/18/2002
Decision Date:	01/02/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 48-year-old female who was injured on January 18, 2002. The patient continued to experience pain in her low and mid back. Physical examination was notable for antalgic gait, positive straight leg raise bilaterally, decreased sensation, and decreased strength. Diagnoses included failed back surgery syndrome, bilateral lower extremity radiculopathy, status post lumbar anterior/posterior fusion surgeries, and lumbar facet arthropathy. Treatment included medications, intrathecal opiate pump, trigger point injections, spinal cord stimulator, and surgery. Request for authorization for Meloxicam 15 mg #30 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30 for DOS 7/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-72.

Decision rationale: Meloxicam is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that

the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication for since at least June 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.