

Case Number:	CM14-0200174		
Date Assigned:	12/10/2014	Date of Injury:	04/07/1997
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 64-year-old male, with a reported date of injury of 04/07/1997. The injured worker slipped on a boulder while at work. The results of the injury were low back pain and neck pain. The current diagnoses include neck pain; back pain; and bilateral shoulder pain. The past diagnoses include cervical strain; fibromyalgia; chronic lumbar strain; dizziness; left shoulder strain; and post-traumatic headache. Treatments have included Gabapentin; Tramadol; physical therapy; electromyography (EMG); and X-rays which showed lumbosacral degenerative disc disease and degenerative joint disease. The medical report dated 10/27/2014 indicated that the injured worker complained of low back pain and neck pain. An examination of the cervical spine showed tenderness at C4-C6; paraspinal spasm; trapezius trigger points; normal deep tendon reflexes; normal sensory exam; mildly restricted flexion, extension, and lateral rotation. An examination of the lumbar spine showed tenderness at L4-L5; paraspinal spasm; trigger points at L4-L5; non-tender sacroiliac joints; 25% reduced range of motion; normal sensory and motor exams; normal deep tendon reflexes; and normal gait. The most recent note dated 12/08/2014, the injured worker reported low back and neck pain. Upon physical examination, he was noted to have restricted range of motion. On 11/12/2014, Utilization Review (UR) denied the request for Meloxicam 15mg #30. The UR physician noted that the medical records showed long-term use of Meloxicam, without evidence of clinical effectiveness. The UR physician cited the MTUS Chronic Pain Guidelines. A request was submitted on 11/04/2014 for medications, however, did not specify the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 72, 75, 80-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Workers compensation drug formulary; Mental Illness, antidepressant medication, www.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for meloxicam 15mg #30 is not medically necessary. The California MTUS Guidelines recommend NSAIDs as an option for short term symptomatic relief for patients with moderate to severe pain. Specifically, the guidelines state meloxicam is for the relief and signs and symptoms of osteoarthritis. The documentation provided does not give quantifiable measurements in regard to his pain, and does not indicate if the injured worker is diagnosed with osteoarthritis. Additionally, the submitted documentation does not indicate if the medication increases his ability to perform activities of daily living. The clinical documentation indicated that patient has been on the requested medication since at least 07/2014 which exceeds the guideline recommendations of a short course of therapy. Furthermore, the request does not include the frequency for taking the medication. In the absence of this documentation, the request is not supported by the guidelines. As such, the request for meloxicam 15mg #30 is not medically necessary.