

Case Number:	CM14-0200532		
Date Assigned:	12/10/2014	Date of Injury:	04/28/2011
Decision Date:	01/27/2015	UR Denial Date:	11/07/2014
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 Geriatrics 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:

This is a 56 year old male worker who sustained an injury to his lower back while moving furniture. The date of injury was April 28, 2011. Diagnoses listed in the medical record included lumbar discogenic pain, disk desiccations at L3-4 and L5-S1, annular tear at L3-4 and small central disk at L5-S1. On September 30, 2014, the injured worker complained of ongoing low back pain. Without medication, the pain was rated an 8 on a 1-10 pain scale. With medication, the pain was rated a 2-3 on the pain scale. Medications were listed as treatment. Notes stated that the medication allowed him to continue to work full time, exercise consistently and carry out activities of daily living. A retrospective request was made for Norco 5/325mg quantity 120, Meloxicam 7.5mg quantity one and urine drug screen quantity one. On November 7, 2014, utilization review denied the Meloxicam and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics and NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to meloxicam to justify continued use. The medical necessity of meloxicam is not substantiated in the records.

Urine Drug Screen Done: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2011. The worker has had various treatment modalities and use of medications including opioids. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine drug screen is not substantiated in the records.