

Case Number:	CM15-0007429		
Date Assigned:	01/22/2015	Date of Injury:	11/04/2008
Decision Date:	04/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who reported an injury on 11/04/2008. The mechanism of injury was not provided. His diagnoses were noted to include carpal tunnel syndrome, osteoarthritis of the hand, and lesion of the ulnar nerve. Past treatments were noted to include surgery and a cortisone injection. On 12/08/2014, it was noted the injured worker had right ulnar sided pain and left shoulder pain. Upon physical examination, it was noted the injured worker had right ulnar tenderness. The treatment plan was noted to include meloxicam. A request was received for meloxicam tab 7.5mg #60, bid (2 refills) without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam tab 7.5mg #60, bid (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

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

Decision rationale: According to the California MTUS Guidelines, NSAIDs, such as meloxicam, are recommended for osteoarthritis at the lowest dose for shortest period in those with moderate to severe pain. The guidelines indicate that acetaminophen may be considered for initial therapy for those with mild to moderate pain. The clinical documentation submitted for review did not indicate the injured worker's pain level or if acetaminophen had been initially tried. Additionally, the documentation submitted for review did not indicate the efficacy of this medication in terms of pain relief and functional improvement. Consequently, the request is not supported by the evidence based guidelines. As such, the request for meloxicam tab 7.5mg #60, bid (2 refills) is not medically necessary.