

<b>Case Number:</b>	CM15-0140338		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/17/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 47-year-old who has filed a claim for chronic shoulder and elbow pain with alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of February 17, 2003. In a Utilization Review report dated July 12, 2015, the claims administrator failed to approve a request for piroxicam (Feldene) 11 refills. The claims administrator referenced an RFA form received on July 6, 2015 and an associated progress note of June 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a July 14, 2015 appeal letter, the attending provider appealed previously denied cyclobenzaprine and Norco. The attending provider contented that piroxicam had also proven beneficial in terms of reducing the applicant's pain complaints and, in conjunction Norco, was ameliorating the applicant's ability to sleep. It was stated that the applicant had issues with arthritis and complex regional pain syndrome (CRPS). The applicant's work status was not outlined. The attending provider did reiterate, however, the applicant's medications were attenuating his pain complaints by varying degrees. In a June 19, 2015 progress note, the applicant reported ongoing complaints of elbow, shoulder, and upper extremity pain. The applicant had undergone earlier shoulder surgery, it was reported. The applicant had issues with arthritis and CRPS, it was reported. The attending provider stated that gabapentin, Flexeril, and Feldene were beneficial, but then stated, somewhat incongruously the applicant's physical activities were "fairly minimal during the day." The applicant's chores were being done by his children, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Piroxicam 20mg with 11 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** No, the request for piroxicam (Feldene), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as piroxicam (Feldene) do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, while the attending provider stated that ongoing usage of Feldene (piroxicam) was beneficial in terms of attenuating the applicant's pain complaints, these reports were, however, contravened by the attending provider's report of June 19, 2015 to effect that the applicant's ability to perform physical activity was "fairly minimal." The attending provider's reported on June 19, 2015 that the applicant's children performed most of the household chores. The attending provider also acknowledged that the applicant was using a variety of other analgesic adjuvant medications to include Neurontin, Flexeril, Norco, etc., despite ongoing Feldene usage. The applicant's work status was not reported on June 19, 2015, suggesting the applicant was not, in fact, working. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of piroxicam (Feldene). Therefore, the request was not medically necessary.