

Case Number:	CM15-0142404		
Date Assigned:	08/05/2015	Date of Injury:	04/11/2013
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male who sustained an injury on 4-11-13. The initial symptoms and complaints are not included in the medical records. In a current PR2 report from 5-19-15 documents a follow up visit for severe left sided low back pain which radiates into the buttock. Previous treatment included transforaminal epidural steroid injection on 8-28-14 with a reduction of pain for 3 days. A left carpal tunnel release was performed on 11-14-14. Other treatments included lumbar brace, medications and physical therapy. Medications prescribed Norco 1-325 mg 2 tablets three times a day for pain as needed, Gabapentin 600 mg one every day and Amitriptyline 50 mg every night for neuropathic pain and insomnia. Dendracin lotion was being used for topical neuropathic pain. The IW rates without medications the pain is 8 out of 10. Diagnoses Left sacroiliac joint dysfunction, status post left sacroiliac joint injection done on 3-26-15 with 70% pain relief for 2 days, Multilevel lumbar disc desiccation and protrusion measured at 3-4 mm at L3-L4 and L4-L5 resulting in neuroforaminal stenosis at L4-L5 and L5-S1. There is also facet arthropathy at multiple levels per MRI completed on 8-24-14; Left lower extremity pain with abnormal EMG to the left peroneal nerve performed on 1-6-15 and Status post right carpal tunnel release surgery on 11-14-14. A request to continue Dendracin lotion for topical neuropathic pain in the lower extremities is noted to have been helpful in providing additional control for neuropathic pain during the day hours. Current requested treatments Meloxicam 15 mg #30, Dendracin lotion #240 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATION Page(s): 22.

Decision rationale: The current request is for Meloxicam 15mg #30. The RFA is dated 06/16/15. Previous treatment included transforaminal epidural steroid injection on 8-28-14 with a reduction of pain for 3 days. A left carpal tunnel release was performed on 11-14-14. Other treatments included lumbar brace, medications and physical therapy. MTUS chronic pain guidelines page 22 under ANTI-INFLAMMATORY MEDICATION, states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. PR2 report from 5-19-15 documents a follow up visit for severe left sided low back pain which radiates into the buttock. Medications prescribed Norco 1-325 mg 2 tablets three times a day for pain as needed, Gabapentin 600 mg one every day and Amitriptyline 50 mg every night for neuropathic pain and insomnia. Dendracin lotion was being used for topical neuropathic pain. This appears to be an initial request for this medication as no progress reports list Meloxicam as a current medication. Given the patient's continued pain and conservative nature of this medication, recommendation for a trial is supported. This request IS medically necessary.