

Case Number:	CM15-0167267		
Date Assigned:	09/04/2015	Date of Injury:	12/20/2011
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker was a 25 year old female, who sustained an industrial injury, December 20, 2011. The injured worker previously received the following treatments lumbar spine MRI on January 9, 2012, home exercise to tolerance, Meloxicam, Metaxalone and Gabapentin. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the lumbar spine with sciatic flare-ups. According to progress note of June 18, 2015, the injured worker's chief complaint was right lumbar buttocks with radiation into the right lower extremity. The physical exam noted decreased lumbar mobility. There was positive facet loading. The straight leg raises were positive on the right. There was tenderness on the right lumbar spine. According to the progress note of July 22, 2015 the pain was aggravated by prolonged standing. The treatment plan included a prescription renewal for Meloxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis; See NSAIDs". MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain-Acute exacerbations of chronic pain, Back Pain-Chronic low back pain, and Neuropathic pain. Regarding "Osteoarthritis (including knee and hip)", medical records do not indicate that the patient is being treated for osteoarthritis, which is the main indication for Meloxicam. Regarding "Back Pain-Acute exacerbations of chronic pain", MTUS recommends as a second-line treatment after acetaminophen. Regarding "Back Pain-Chronic low back pain", MTUS states, "Recommended as an option for short-term symptomatic relief". Regarding "Neuropathic pain", MTUS writes "There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis; See NSAIDs". MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain-Acute exacerbations of chronic pain, Back Pain-Chronic low back pain, and Neuropathic pain. Medical records do not indicate that the patients had 'failed' a trial of acetaminophen alone. Submitted medical records do not indicate an osteoarthritis diagnosis. The treating physician does not meet the MTUS guidelines for the use of Meloxicam. As such the request for Meloxicam 15 mg #30 is not medically necessary.