

Case Number:	CM15-0167814		
Date Assigned:	09/08/2015	Date of Injury:	12/18/2013
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 injured worker is a 51 year old female who sustained an industrial injury on 12-18-2013. Current diagnoses include sacroiliitis, lumbar radiculopathy, lumbar facet pain, and lumbalgia. Report dated 07-02-2015 noted that the injured worker presented with complaints that included left hip pain with radiation down the left leg and low back pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination performed on 07-02-2015 was positive for "spasm L-PSP, and left PSIS joint tenderness". Previous diagnostic studies include bilateral hip x-rays and MRI of the lumbar spine. Previous treatments included medications and TENS unit. The treatment plan included prescriptions for Tylenol #3 and Meloxicam. Work status was documented as return to modified duty on 09-30-2015 as tolerated. The injured worker has been prescribed Meloxicam since at least 02-19-2015. Request for authorization dated 07-30-2015, included requests for Tylenol #3 and Meloxicam. The utilization review dated 08-06-2015, non-certified the request for Meloxicam 15mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30, 30 day supply: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS Guidelines are not supportive of the chronic daily use of NSAIDs for spinal pain. If there is significant benefit, short-term use of flare-ups has some Guidelines support. However, there has been no reasonable documented evidence over a long time period that the daily use of this NSAID has been beneficial for pain and/or functioning. With the significant side effect profile from chronic NSAID use, it is reasonable to follow the Guideline recommendations for limited use under these circumstances. There is no documentation of major benefits that would support an exception to the Guideline recommendations. The Meloxicam 15mg #30, 30-day supply is not supported by Guidelines and is not medically necessary.