

Case Number:	CM15-0168597		
Date Assigned:	09/09/2015	Date of Injury:	11/04/2008
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 37 year old male who sustained an industrial injury on 11-04-2008. Current diagnoses include status post right L4-5, L5-S1 lumbosacral laminectomy/discectomy with successful removal of disc and decompression of nerve roots, residual L4-L5-S1 epidural scar tissue, persistent right foot drop with gait disturbance, and chronic right L5-S1 lumbar radiculopathy with peroneal component. Report dated 07-02-2015 noted that the injured worker presented with complaints that included lower back pain unchanged from the previous visit. Pain level was 6 (lower back), and 2-8 (right leg, depending on the day) out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormal findings which are unchanged from prior examinations. Previous treatments included medications, surgical intervention, and brace. The treatment plan included requests for Norco, Tramadol, and Meloxicam, and follow up in 6 weeks. Currently the injured worker is temporarily totally disabled. The injured worker has been prescribed Meloxicam since at least 03-27-2014. Request for authorization dated 07-08-2015, included requests for Norco, Tramadol ER, and Meloxicam. The utilization review dated 07-27-2015, non-certified the request for Meloxicam tablet 15 mg, #60 based on the following rationale. "The guidelines recommend the use of this medication with caution, and indicate that it should be prescribed at the lowest possible dose for the shortest period of time. The records indicate that the claimant has been on this medication since at least January of 2015, and overall efficacy has not been documented in the records."

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Meloxicam is not medically necessary.