

<b>Case Number:</b>	CM15-0187215		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	02/01/2000
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 54 year old female, who sustained an industrial injury on 2-1-00. She reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, positive discogram at L5-S1 level in the past, myofascial low back pain, bilateral sacroiliitis, and bilateral facet pain. Treatment to date has included epidural injections, a Toradol injection, physical therapy, chiropractic treatment, acupuncture, home exercise, and medication including Meloxicam, Zanaflex, and Tramadol. On 8-25-15 physical exam findings included stiffness and spasm in the lumbar paraspinal muscles. Tenderness was noted in the lumbar facet joints. Sensation was noted to be normal and strength was 5 of 5 in bilateral lower extremities. The injured worker had been taking Meloxicam since at least September 2013 and Tramadol since at least May 2010. On 6-26-15 and 8-25-15 pain was rated as 5 of 10. On 8-25-15, the injured worker complained of low back pain. On 8-8-15 the treating physician requested authorization for Meloxicam 15mg #30 and Tramadol 50mg #30. On 8-25-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 15mg, #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 (non-steroidal anti-inflammatory drugs).

**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 several months and prior to that the claimant had received injections of NSAIDs. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain reduction with its use was not noted. Continued use of Meloxicam is not medically necessary.

**Tramadol 50mg, #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): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Opioids such as Tramadol are intended for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score reduction with its use was not noted. Long-term use is not recommended. Tylenol or Tricyclic failure was not noted. Continued use of Tramadol is not medically necessary.