

Case Number:	CM15-0188239		
Date Assigned:	09/30/2015	Date of Injury:	09/22/2008
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 73 year old female, who sustained an industrial injury on 9-22-08. The documentation on 9-1-15 noted that the injured worker has complaints of ongoing back pain. The injured worker reports the pain at its least is a 6 on a scale of 0 to 10 and at its worst is a 10. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 (sacroiliac) region. There is a palpable twitch positive trigger points are noted in the lumbar paraspinous muscles; anterior lumbar flexion causes pain and there is pain noted with lumbar extension and left lateral flexion causes pain. The diagnoses have included sprain of unspecified site of sacroiliac region. Treatment to date has included bilateral radiofrequency ablation with improvement; percocet; combination of cymbalta, lamictal and gabapentin that decreases her pain by at least 30 percent. The original utilization review (9-11-15) denied the request for baclofen 10mg #60 and meloxicam 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: 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): Muscle relaxants (for pain).

Decision rationale: Baclofen 10mg #60 is not medically necessary per the MTUS Guidelines. The MTUS states that Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). The documentation does not indicate that the patient has multiple sclerosis or spasticity due to a spinal cord injury. There is no evidence of trigeminal neuralgia. This request is not medically necessary.

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), NSAIDs, specific drug list & adverse effects.

Decision rationale: Meloxicam 15mg #30 is not medically necessary per the MTUS Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDs for pain or function. The MTUS states that the dosing for Mexolicam for osteoarthritis is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. Meloxicam use for mild to moderate pain is off-label. The documentation does not indicate that the patient was started on the lowest dose of Meloxicam. Additionally, the documentation indicates that the patient was on Naproxen. The MTUS states that there is no evidence that one NSAID is more efficacious than another. The documentation does not indicate that Naproxen provided significant evidence of objective increase in function. The request for Meloxicam is not medically necessary.