

<b>Case Number:</b>	CM15-0199917		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female who sustained an industrial injury on 7-12-2007. Diagnoses have included status post left L4-5 discectomy 9-22-2011, L5-S1 disc desiccation, and right partial-thickness supraspinatus tendon tear. Documented treatment includes physical therapy, trigger point injections, Norco 10-325 for greater than six months, Zanaflex, Prilosec, and Mobic since at least 7-2015. Medication regimen was stated to improve pain level and increase functionality. She has been taking Senna since at least 4-2015, but documentation does not address bowel regimen. The injured worker complains of right shoulder pain, headaches, left- sided low back pain, and lumbar muscle spasms. She has been noted to have trigger points and tenderness upon palpation over the lumbar spinal area. The treating physician's plan of care includes retrospective requests for Meloxicam 7.5 mg #30 and Dok Plus 50-8.6 #60, dated 8-24-2015, but this was denied on 9-24-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Meloxicam 7.5mg #30 for DOS 8/24/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The patient presents with pain affecting the right shoulder, head, and lumbar spine. The current request is for Retrospective Meloxicam 7.5mg #30 for DOS 8/24/15. The requesting treating physician report was not found in the documents provided. Regarding NSAID's, MTUS page 68 states, "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 page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided show the patient has been taking Meloxicam since at least 6/15/15 (344B). In this case, the current request may be medically necessary but a record of pain and function with the medication was not found in any of the medical reports provided for review. The current request does not satisfy the MTUS guidelines as there is no documentation in the medical reports provided, of functional improvement or evidence of the medications efficacy in treating the patient's symptoms. The current request is not medically necessary.

**Retrospective Dok Plus 50-8.6 #60 for DOS 8/24/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with pain affecting the right shoulder, head, and lumbar spine. The current request is for Retrospective Dok Plus 50-8.6 #60 for DOS 8/24/15. The requesting treating physician report was not found in the documents provided. The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case, while the patient is currently taking Norco, the physician has not documented that the medication was causing constipation. Furthermore a progress report dated 6/15/15 states that the patient is not suffering from constipation. The current request is not medically necessary.