MAXIMUS Federal Services

Case Number:	CM15-0203893		
Date Assigned:	10/20/2015	Date of Injury:	12/07/1993
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male with an industrial injury date of 12-07-1993. Medical record review indicates he is being treated for degeneration of lumbar or lumbosacral intervertebral disc. The treatment note dated 09-23-2015 indicates the injured worker is being treated for degenerative disc disease of lumbar spine. The severity is rated as "moderate." Duration of symptoms is documented as 21 years. The treating physician noted: "Meloxicam has worked reasonably well for the patient." "Denies side effects such as nausea." "His ADL (activities of daily living) are improved and he is able to work more around the house and continue his cardiac exercises. Physical examination (09-23-2015) revealed full range of motion of lumbar spine with negative straight raise bilaterally. There was tenderness to palpation over lumbar 3, 4 and 5 vertebral bodies. Current medications (09-23-2015) included Diazepam, Fluticasone nasal spray, vitamins, Tramadol, Meloxicam (at least since 07-08-2014) and Claritin.Prior treatment included lumbar facet joint injection, lumbar epidural steroid injection and medications. On 09-30-2015 the request for Meloxicam 15 mg every day # 30 with 6 refills was modified by utilization review to Meloxicam 15 mg every day # 30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg qd #30 (x6 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. It is generally recommended that the lowest effective dose be used for the shortest duration of time. NSAID?s should be used with caution due to the potential side effects of cardiovascular, gastrointestinal, hepatic and renal side effects. In this case the injured worker has been taking NSAID's since at least 7/8/14. The submitted documentation provides no evidence of functional improvement, a quantitative assessment of how the medication helps, percentage of relief, duration of relief, increase in function or activity. The guidelines caution against long term use due to the side effect profile of this class of medications. Prescribing 6 months of medication without reassessment of benefits and potential side effects is not recommended. The guidelines also recommend the lowest possible effective dose and the submitted records do not indicate if lower dosages had been tried. Therefore the request is not medically necessary.