

Case Number:	CM15-0033068		
Date Assigned:	02/26/2015	Date of Injury:	04/15/2005
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

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 67-year-old male, who sustained an industrial injury reported on 4/15/2005. He reported improved low back and bilateral shoulder and elbow pain on medication. The diagnoses were noted to include displacement of the lumbar intervertebral disc without myelopathy. Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to be an awarded case, and he is not working. On 1/22/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/19/2015, for Meloxicam 7.5mg, 2 tablets twice daily, #60 with 5 refills - to 2 refills. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, low back pain, muscle relaxants & non-steroidal anti-inflammatory drugs, Meloxicam/Mobic, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants in chronic low back pain, Mobic (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The most recent report provided is dated 05/16/14 and states that the patient presents with improved lower back pain, minor tingling of the right great toe and soreness of the bilateral elbows. The current request is for MELOXICAM 75mg #60 WITH 5 REFILLS. The RFA is not included. The 01/22/15 utilization review states this is a prospective request for the RFA dated 01/19/15 and modified this request from 5 refills to 2 refills. The report does not state if the patient is working. MTUS Anti-inflammatory medications page 22 state, "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." The reports provided for review show the patient has been prescribed this medication since at least 03/21/14 and has been prescribed NSAIDs since at least 01/24/14. The treater states that use of Hydrocodone, Omeprazole and Mexloxicam help reduce the patient pain with less stomach irritation. In this case, this medication is indicated for this patient's pain and the treater states it helps the patient. However, 5 refills are requested while the patient is experiencing stomach irritation that requires monitoring and follow up. Furthermore, no recent information is provided regarding dyspepsia. The request IS NOT medically necessary.