

<b>Case Number:</b>	CM15-0033377		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/20/1996
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, New York  
Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 08/20/1996. On provider visit dated 01/10/2014 the injured worker has reported continuous back pain and spine pain. The diagnoses have included failed back syndrome. Treatment to date has included medications. Examination was unremarkable. Treatment plan included medication refills. On 01/26/2015 Utilization Review non-certified Piroxicam 20 mg caps. The CA MTUS Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Piroxicam 20 mg caps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Peroxicam (Feldene) is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is failed back syndrome. The medical record contains 32 pages. There are two progress notes numerical record. One progress note is dated January 6, 2012 and the second is dated January 10, 2014. The injured worker was under the care of the urologist during the course of treatment. The injured worker has been on Peroxicam since 2012. There is no documentation indicating objective functional improvement with its ongoing use. Progress note dated January 10, 2014 states the injured worker presents with low back pain after vacationing for one year in the Caribbean. Objectively, other than positive straight leg raising, there is no physical examination of the thoracic or lumbar spine. There is no neurologic evaluation. Consequently, absent compelling clinical documentation with objective functional improvement with a physical examination to support the continued use of Peroxicam, Peroxicam (Feldene) is not medically necessary.