

Case Number:	CM15-0042155		
Date Assigned:	03/12/2015	Date of Injury:	02/11/1993
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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 was a 49-year-old male, who sustained an industrial injury, February 11, 1993. The injured worker previously received the following treatments intrathecal pump on December 19, 2014, laboratory studies, PICC line central catheter for antibiotic therapy, CT scan of the thoracic spine, CT scan of the lumbar spine, x-rays of the lumbar spine, Maxitrol, clindamycin, Zofran, Bactrim DS, Lidoderm Patches, Meloxicam and Norco. The injured worker was diagnosed with post laminectomy syndrome thoracic area, thoracic disc displacement, arachnoiditis, and lumbar spondylosis with myelopathy, myofascial pain lumbar degenerative disc disease and thoracic disc degeneration. According to operative note of December 19, 2014, the injured worker had an intrathecal pump on December 19, 2014 for the delivery of Morphine pain medication. According to the progress note of February 3, 2101, the injured workers chief complaint was lower back pain with new onset of lateral left flank muscular pain. The physical exam noted pain with palpation over the posterior back over the iliac crest. The x-rays showed a T cane that showed a fusion mass on the lateral part at L4-S1 with sharp edges on the fusion mass laterally on the left side. The treatment plan included a prescription for renewals which included Meloxicam 15mg tablets; date of service February 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam tablets 15 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal antiinflammatory drugs).

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

Decision rationale: Based on the 02/03/15 progress report, the patient presents with severe low back pain and new onset of lateral left sided flank muscular pain. The request is for MELOXICAM TABLETS 15MG QTY:30. There is no RFA provided and the date of injury is 02/11/93. The patient's diagnoses includes post laminectomy syndrome thoracic area, thoracic disc displacement, arachnoiditis, and lumbar spondylosis with myelopathy, myofascial pain lumbar degenerative disc disease and thoracic disc degeneration. Current medications include Meloxicam, Soma, Lidoderm patch and Norco. The patient's work status is unavailable. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, it appears the treater is initiating the use of Meloxicam. Per treater report 02/03/15, treater states, "patient believes most of the pain is muscular in nature and would like to have something done for it." Given the patient's severe pain for which NSAIDs are recommended, the request for Meloxicam 15mg IS medically necessary.