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| Case Number: | CM15-0044638 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 12/13/2000 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 53 year old male, who sustained an industrial injury on December 13, 2000. The diagnoses have included lumbago, chronic pain and stomach ulcers. Treatment to date has included lumbar epidural steroid injection, Magnetic resonance imaging of lumbosacral spine, TENS unit and pain medications. Currently, the injured worker complains of back pain with radicular pain to the right leg. In a progress note dated January 20, 2015, the treating provider reports examination of the low back revealed tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness, decreased sensation in the L5 distribution on the right and decreased range of motion mild in the LS spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 67.

Decision rationale: The medical records provided for review, support a condition of musculoskeletal pain but does not report persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type if acetaminophen has been tried and failed or demonstrated intolerance. As the medical records do not indicate prior trial and failure of acetaminophen, the use of meloxicam is not supported for the pain of the insured. Therefore the treatment is not medically necessary.