

Case Number:	CM15-0049148		
Date Assigned:	03/23/2015	Date of Injury:	04/02/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 56 year old female who sustained an industrial injury on 04/02/2014. Diagnoses include thoracolumbar strain, lumbar strain and myofascial pain, myofascial pain, and left sacrolitis. Treatment to date has included medications, physical therapy, chiropractic sessions, acupuncture, and works modified capacity. A physician progress note dated 03/06/2015 documents the injured worker complains of generalized regional paraspinal pain from the base of the neck to the gluteal folds. There is more localized pain in the left upper buttock that may radiate to the thigh on occasion. The pain is sharp, deep and occasionally burning. Lumbar range of motion is restricted and painful. Medication management is recommended. Treatment requested is for Meloxicam 7.5 MG #60, and Skelaxin 600 MG #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI 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, Meloxicam 7.5 mg has take 60 is not medically necessary. Nonsteroidal 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 nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal 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 diagnoses are thoracolumbar strain; lumbar strain and myofascial pain; myofascial pain; and left sacroiliitis. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There were two progress notes from the requesting physician (PM&R) in the medical record. The earliest was dated November 14, 2014. Meloxicam was prescribed at that time. A follow-up progress note dated March 6, 2015 was notable for a VAS pain scale of 9/10. Nonsteroidal anti-inflammatory drugs are recommended at the lowest those for the shortest period. It is unclear whether Meloxicam was prescribed prior to the November 2014 progress note. The documentation does not contain objective functional improvement (with ongoing nonsteroidal anti-inflammatory drug use) and there is subjective 9/10 pain on the VAS pain scale. Consequently, absent compelling clinical documentation with objective functional improvement and the VAS pain scale of 9/10 with ongoing Meloxicam 7.5 mg, Meloxicam 7.5 mg #60 is not medically necessary.

Skelaxin 600 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 600 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are thoracolumbar strain; lumbar strain and myofascial pain; myofascial pain; and left sacroiliitis. There were two progress notes from the requesting physician (PM&R) in the medical record. The earliest was dated November 14, 2014. Skelaxin 600mg was prescribed at that time. A follow-up progress note dated March 6, 2015 was notable for a VAS pain scale of 9/10. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in chronic low back pain. The treating physician exceeded the recommended guidelines by continuing Skelaxin in excess of the recommended guidelines (less than two weeks). The treating

physician continued Skelaxin in excess of four months. There is no documentation of objective functional improvement with continued Skelaxin use. Additionally, the injured worker's VAS pain scale was 9/10 with ongoing Skelaxin use. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (less than two weeks), Skelaxin 600 mg #90 is not medically necessary.