

<b>Case Number:</b>	CM15-0050337		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, Arizona  
 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 39-year-old male who reported an injury 05/22/2012 after he was attempting to keep a student from falling. He developed numbness in the peroneal and scrotal areas and reported this as an injury. He reported he did not get any treatment and did not miss any work. His back pain improved, but never completely went away. The injured worker returned to work after the summer of 2012. In this new class, the injured worker had to lift students, change diapers, and in the process, developed increasing pain in his lower back. Medications included Norco 5 mg, Meloxicam, and Colace. He attempted treatment with epidural steroid injections; however, they did not improve his pain symptom. Surgery was approved and the patient underwent an L5-S1 fusion with hardware on 10/22/2013. Previous surgeries also included repair of the ligaments to the left 5th digit, umbilical herniorrhaphy. The injured worker reported intermittent low back pain to the left lower back that is nonradiating, with numbness in the 3rd, 4th and 5th toes of the left foot. The injured worker is incontinent, and reports occasional trouble sleeping due to the pain. On physical exam of the lumbar spine, extension was 33% of normal. There was no noted deficit on neurological exam, or motor exam. MRI of the lumbar spine revealed L5-S1 pars defect with a 3 mm anterolisthesis prior to surgery. The patient has completed 24 sessions of physical therapy for rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 15mg #30: Overturned**

**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 Meloxicam Page(s): 61.

**Decision rationale:** Meloxicam (Mobic) Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to Ca MTUS guidelines, Meloxicam is used for moderate to severe pain. The patient has expressed pain relief with use of this medication, has been compliant and no documentation of aberrant drug taking behavior was noted. As such the request is medically necessary.

**Flexeril 10mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 42-43.

**Decision rationale:** According to Official Disability Guidelines, Flexeril is recommended as an option in the management of back pain as a short course of therapy. Flexeril is a skeletal muscle relaxant and a central nervous system depressant. The injured worker reported intermittent low back pain to the left lower back that is non-radiating, with numbness in the 3rd, 4th and 5th toes of the left foot. Additionally, the injured worker reports occasional trouble sleeping due to the pain. As such, the request for treatment of this pain is medically necessary and certified.

**Prilosec 40mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** There has been no evidence of risk for this patient with gastrointestinal events. The case notes do not indicate the injured worker to be older than 65 years of age, have a history of ulcer, GI bleeding or perforation, or concurrent use of aspirin, corticosteroids, and/or an anticoagulant. The patient also has no noted cardiovascular disease. As such, the request for meloxicam is not medically necessary as supported by Ca MTUS guideline criteria.

**Neurology consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

**Decision rationale:** According to Official Disability Guidelines, office visits are determined to be medically necessary, since outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Since the patient meets guideline criteria, and his condition necessitates consultation, the request is medically necessary.