

Case Number:	CM15-0059189		
Date Assigned:	04/06/2015	Date of Injury:	03/05/2009
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/28/2015

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: Emergency 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(n) 39-year-old female, who sustained an industrial injury on 3/5/09. She reported pain in her back, left hip and leg. The injured worker was diagnosed as having lumbar degenerative disc disease, multilevel facet arthropathy and lumbar facet degenerative joint disease. Treatment to date has included an EMG/NCV study, physical therapy, lumbar and sacral MRI and pain medications. As of the PR2 dated 3/5/15, the injured worker reports 7-10/10 back pain. The treating physician noted a positive Fabere test bilaterally, diffuse back pain with spasms and decreased range of motion. Review of prior records show persistent severe pain complaints and chronic use of the requested medications. The treatment plan includes a pain management consult, possible facet injections and oral medications. The treating physician requested meloxicam 15mg and methocarbamol 750mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #60 1 p daily pc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Meloxicam is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has reported persistent severe pain with chronic use of medication. There is no documentation of any benefit from continued use of Meloxicam and persistent chronic use is not recommended. Meloxicam is not medically necessary.

Methocarbamol 750mg 1 po bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

Decision rationale: Methocarbamol is a muscle relaxant. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is not recommended for chronic use. Patient has been on this medication chronically with no documentation of any objective improvement in pain or function. Continued chronic use of methocarbamol is not medically recommended.