

Case Number:	CM14-0146833		
Date Assigned:	09/12/2014	Date of Injury:	11/04/1992
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 8/15/13 PR-2 indicates pain in the low back and that the insured continues to work and is able to do job. Mobic and Norco are being used by the insured. 9/2/14 note indicates ongoing pain. The insured uses meloxicam for degenerative disc disease pain. The pain is improved with the NSAID and the insured tolerates it well. Examination notes positive straight leg raise bilateral. Continued medical treatment by the treating physician was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam, 15mg tabs, 1 tab po qd #30, 30 day fill, refill as needed for up to 1 year as an outpatient for lumbar spine pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another

Decision rationale: The medical records provided for review support the presence of degenerative joint disease which is benefited by NSAID therapy. The medical records support the claimant is improved with the therapy and as such supported under MTUS guidelines. Such as, Meloxicam, 15mg tabs, 1 tab po qd #30, for the lumbar spine pain is medically necessary.