

Case Number:	CM14-0148645		
Date Assigned:	09/18/2014	Date of Injury:	03/23/1989
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 76 year old male with date of injury of 3/23/1989. A review of the medical records indicates that the patient is undergoing treatment for chronic pain syndrome, post-lumbar laminectomy syndrome, and displacement of lumbar intervertebral disc syndrome. Subjective complaints include sharp, bilateral back pain that is 4/10 with treatment and 8/10 without. Objective findings include decreased range of motion in lumbar spine and tenderness upon palpation of paraveterbals in lumbar area. Treatment has included Oxycodone, Meloxicam, Cyclobenzaprine, Gabapentin. The utilization review dated 9/3/2014 non-certified Meloxicam 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam tablets 15mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs Page(s): 61, 67-68.

Decision rationale: MTUS states "Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs." MTUS

guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain- Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, and Neuropathic pain. Regarding "Osteoarthritis (including knee and hip)", medical records do not indicate that the patient is being treated for osteoarthritis, which is the main indication for meloxicam. Regarding "Back Pain- Acute exacerbations of chronic pain", MTUS recommends as a second-line treatment after acetaminophen. Medical records do not indicate that the patient has 'failed' a trial of Tylenol alone. Regarding "Back Pain - Chronic low back pain", MTUS states, "Recommended as an option for short-term symptomatic relief". The medical records indicate that the patient has been prescribed meloxicam since at least 2012, which would be considered longer than 'short-term'. Regarding "Neuropathic pain", MTUS writes "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". Medical records do not indicate that the patient is being treated for osteoarthritis. As such, the request for Meloxicam tablets 15mg #30 with 2 refills is not medically necessary and appropriate.