

<b>Case Number:</b>	CM14-0082101		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 43-year-old female with an injury date of 01/16/14. Per the 04/30/14 report by [REDACTED], the patient presents with persistent neck pain and stiffness with radiation into the left trapezius and bilateral upper extremities associated with numbness and tingling. There is continued lower back pain with radiation into the right leg associated with numbness and tingling. On 02/19/14 the patient was not working. On examination, there is decreased range of motion of the cervical spine with paravertebral tenderness and spasm along with decreased left shoulder range of motion and impingement sign positive on the left. The lumbar spine has decreased range of motion with paravertebral tenderness and spasm. Straight leg raise is positive on the right. The patient's diagnoses include: Left shoulder sprain strain Cervical spine strain with multi-level disc bulges per MRI Lumbar spine strain with multi-level disc bulges per MRI Per the 05/19/14 report by [REDACTED], current medications are listed as Ibuprofen, Soma, Vicodin, Tramadol and Singulair. The utilization review being challenged is dated 05/16/14. Reports were provided from 02/19/14 to 05/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treproxam 7.5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60-61.

**Decision rationale:** The patient presents with persistent neck pain and stiffness radiating into the left trapezius and bilateral upper extremities along with lower back pain with radiation into the right leg. The treater requests for a decision for Trepoxicam 7.5 (Meloxicam histidine, an NSAID). The reports provided do not indicate how long the patient has been taking this medication. MTUS Medications for Chronic Pain Page 60 states, "A record of pain and function with the medication should be recorded." MTUS supports this medication as first line treatment for lower back pain and for other chronic pain conditions. However, in the reports provided there is no discussion of the use of the medication and a record of pain and function as required by MTUS. Recommendation is for denial.