

Case Number:	CM14-0085037		
Date Assigned:	07/23/2014	Date of Injury:	06/01/1994
Decision Date:	10/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and various interventional spine procedures. In a Utilization Review Report dated May 19, 2014, the claims administrator partially certified a request for Meloxicam. In its report, the claims administrator alluded to an April 28, 2014 progress note, in which Norco was reportedly discontinued and Meloxicam was ordered. The applicant's attorney subsequently appealed. In a March 3, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the lower extremities. Activities at work, at times, did worsen the applicant's pain, it is noted. The applicant was returned to regular duty work and asked to employ tramadol and Norco sparingly for pain relief. On January 6, 2014, the applicant was again asked to employ Norco and tramadol for breakthrough discomfort. The applicant was returned to unrestricted work. The remainder of the file was surveyed. There was no mention of the need for Meloxicam, although it did not appear that the April 28, 2014 progress note made available to the claims administrator was incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15 mg # 30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs; non-steriodal anti-inflammaory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as meloxicam do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the request in question represents a first-time request for meloxicam. The attending provider apparently had ordered meloxicam to replace previously prescribed Norco. This was indicated, particularly as page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does view antiinflammatory medications such as meloxicam as a first-line therapy. Therefore, the request is medically necessary.