

<b>Case Number:</b>	CM14-0212887		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Physical Medicine & Rehabn

### 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 51 year-old patient sustained an injury on 10/15/11 employed by [REDACTED]. Request(s) under consideration include Gabapentin 300 mg. Diagnoses include cervical spondylosis without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Omeprazole, Hydrocodone/APAP, Topical compound, Gabapentin, and Meloxicam. MRI of the cervical spine showed multilevel 1-2 mm disc protrusion without significant canal or neural foraminal stenosis. EMG noted C6 chronic radiculopathy. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted cotnined neck pain with unchanged exam findings of decreased cervical range; however, with negative Spurling's without acute change in DTRs, sensation and motor strength in the upper extremities. Treatment included medication. The request(s) for Gabapentin 300 mg was non-certified on 11/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** This 51 year-old patient sustained an injury on 10/15/11 employed by [REDACTED]. Request(s) under consideration include Gabapentin 300 mg. Diagnoses include cervical spondylosis without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Omeprazole, Hydrocodone/APAP, Topical compound, Gabapentin, and Meloxicam. MRI of the cervical spine showed multilevel 1-2 mm disc protrusion without significant canal or neural foraminal stenosis. EMG noted C6 chronic radiculopathy. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued neck pain with unchanged exam findings of decreased cervical range; however, with negative Spurling's without acute change in DTRs, sensation and motor strength in the upper extremities. Treatment included medication. The request(s) for Gabapentin 300 mg was non-certified on 11/22/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic 2011 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Meloxicam 15mg is not medically necessary and appropriate.