

<b>Case Number:</b>	CM14-0215988		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/06/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 & Rehabilitation

### 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 41 year old female with the injury date of 05/06/03. Per physician's report 11/21/14, the patient has low back pain at 8/10, radiating down her legs bilaterally. The patient is currently taking Butrans, Colace, Nexium, Norco, Piroxicam, Robaxin and Senokot S. S1 dermatome and L5 dermatome demonstrates decreased light touch sensation bilaterally. There is palpative tenderness over L3-S1. The patient reports significant myofascial pain with movement. The lists of diagnoses are: 1) Chronic lumbosacral spinal pain. 2) S/P fusion L5-S1 on 03/15/11. 3) Significant increase in axial spinal pain and neuropathic radiculopathy, dysesthesias and postsurgical intervention likely associated with disk disruption at L4. The patient underwent narcotic screening with UDS and signed a narcotic agreement. Per 09/10/14 progress report, the patient has low back pain at 7-8/10. The patient is s/p global fusion at L5-S1 for grade 1 to 2 spondylolisthesis. Per 10/02/13 progress report, urine drug screening was positive for Butrans and Norco. The utilization review determination being challenged is dated on 12/08/14. Treatment reports were provided from 01/04/13 to 12/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Piroxicam 20mg #30 refills: 3:** Upheld

**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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for PIROXICAM 20mg #30 with 3 refills. The patient is currently taking Butrans, Colace, Nexium, Norco, Piroxicam, Robaxin and Senokot S. The patient has been utilizing Piroxicam since at least 01/04/13. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this medication or this request. This patient does suffer from chronic low back pain for which the use of NSAIDs are indicated per MTUS. However, without documentation of it's use along with efficacy, MTUS does not support it. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of sufficient documentation demonstrating efficacy for chronic NSAIDs use. The request of Piroxicam IS NOT medically necessary.