

Case Number:	CM15-0111844		
Date Assigned:	06/18/2015	Date of Injury:	12/16/2014
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 44 year old female, who sustained an industrial injury on 12/16/2014. The injured worker reported pain in head, neck, left hand and back as the result of an incident while operating a forklift. On provider visit dated 04/15/2015 the injured worker has reported cervical spine pain that radiate and lumbar spine pain shooting down into glutes. On examination was noted as limited range of motion with stiffness. The diagnoses have included musculoligamentous sprain/strain-cervical spine, left wrist and lumbar spine, and contusion left hand. Treatment to date has included physical therapy and medication. The injured worker was noted not be working. The provider requested Meloxicam 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Meloxicam 7.5mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are musculoligamentous sprain strain cervical spine, lumbar spine and left wrist; and contusion left hand. A January 29, 2015 progress note shows Naprosyn was changed to Relafen with mild improvement. The treating provider added Meloxicam 7.5 mg to the drug regimen. The plan was to continue physical therapy/home exercise program. In a February 12, 2015 progress note, meloxicam was increased to 15 mg. The pain scores remained the same cervical 8/10, shoulders 8/10 and lumbar 8/10. According to a March 26, 2015 progress note, the treating provider requested meloxicam (Mobic) 7.5 mg. The pain scores remained the same when meloxicam was changed from 7.5 mg to 15 mg. There was no clinical indication/ rationale for lowering the dose of Meloxicam to 7.5 mg. Consequently, absent clinical documentation with a clinical rationale to support reducing the dose of Meloxicam to 7.5 mg from Meloxicam 15 mg, Meloxicam 7.5mg #30 is not medically necessary.