

<b>Case Number:</b>	CM15-0111923		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 64-year-old female, who sustained an industrial injury on 12/21/12. The injured worker has complaints of bilateral wrist pain with numbness and tingling of both hands. The injured worker has back pain that radiates down the right leg. The documentation noted that there is limited range of motion, the pain is mainly on the top of the shoulder and has weakness with lifting gripping and grasping. The diagnoses have included overuse syndrome, bilateral upper extremity; internal derangement, right shoulder; tendinitis, right shoulder and medial epicondylitis, bilateral elbows. Treatment to date has included magnetic resonance imaging (MRI) of right shoulder 5/9/13 right shoulder subacromial impingement, normal; X-ray right shoulder 11/5/13 showed acromioclavicular (AC) joint degenerative joint disease; electromyography/nerve conduction velocity normal and meloxicam. The request was for meloxicam 7.5mg #60 x 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5mg #60 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Meloxicam 7.5 mg #60 with five refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to high road to the right into terms 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 overuse syndrome, bilateral upper extremity; internal derangement, right shoulder; tendinitis, right shoulder and medial epicondylitis, bilateral elbows. The request for authorization is dated May 20, 2015. The most recent progress note in the medical records dated March 3, 2015. There is no contemporary progress note documentation on or about the date of request for authorization. As a result, there is no clinical indication or rationale for Meloxicam 7.5 mg, medications, according to the March 3, 2015 progress note, includes Tramadol and Methocarbamol (Robaxin). The provider's request was for five additional refills. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Consequently, absent contemporary clinical documentation with a clinical indication and rationale for Meloxicam 7.5 mg and a contemporary progress note on or about the date of authorization, Meloxicam 7.5 mg #60 with five refills is not medically necessary.