

Case Number:	CM15-0113264		
Date Assigned:	06/19/2015	Date of Injury:	02/16/2011
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 65-year-old female sustained an industrial injury to the low back on 2/16/11. Previous treatment included lumbar fusion, physical therapy, acupuncture and medications. In a PR-2 dated 3/9/15, the injured worker complained of low back pain with radiation to bilateral lower extremities, rated 7/10 on the visual analog scale, associated with numbness. Physical exam was remarkable for hypertonicity to the lumbar spine with decreased and painful range of motion. The injured worker walked with a single point cane. The injured worker was currently taking Prilosec, Tramadol, Meloxicam, Metamucil and Vistaril. Current diagnoses included lumbar spine sprain/strain, lumbar post laminectomy syndrome and chronic pain syndrome. The treatment plan included six sessions of acupuncture, laboratory studies, prescriptions for Prilosec, Meloxicam and Vistaril and continuing pain medications through her private doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5 mg, sixty count: 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
Page(s): 67, 68.

Decision rationale: MTUS Guidelines are not supportive of the long-term daily use of NSAIDs for chronic low back pain. Short-term use of distinct flare-ups has Guideline support, but daily full dose use is not supported. There are no unusual circumstances to justify an exception to these recommendations. No pain relief or functional improvement is reported to be secondary to the NSAID use. Under these circumstances, the Meloxicam 7.5mg, sixty count is not supported by Guidelines and is not medically necessary.

Metameucil 2.5 mg, quantity of one: Overturned

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 Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines support the prophylactic treatment of constipation secondary to opioids/medications. This individual has been utilizing Tramadol on a long-term basis and the Metamucil was recommended long before her temporary use of other opioids due to a non-industrially related surgery. With these circumstances, the Guidelines are supportive of the Metameucil 2.5mg one bottle, it is medically necessary.