

<b>Case Number:</b>	CM15-0114265		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 55 year old male with an industrial injury on 10/17/05 as a result of a fall. He sustained a fracture of the right medial and lateral tibial plateaus. An open reduction with internal fixation of his right lateral tibial plateau was performed on 10/20/05. On 2/15/06, he was treated for a deep vein thrombophlebitis of the lower right extremity. He has a history of Diabetes. His current complaint is right leg pain, frequent cramping for the past month that causes disturbance in sleep and constant swelling and pain. Diagnosis is right leg pain. In a progress note dated 5/8/15, a treating physician reports complaints of right lower leg pain and nocturnal muscle cramps approximately 3 nights a week which he relieves by getting in the shower and putting cold water on the leg. The cramps are more likely to occur after a day when he was on his feet a lot and less likely after a day of sitting. Exam of the right lower leg reveals no swelling or edema, warmth and tenderness to palpation noted which is a mild tenderness over the mid tibia and there is no posterior calf tenderness. Meloxicam helps his pain level but not to the degree that Ultram did. He takes no other non-steroidal anti-inflammatory medications and takes Tylenol as needed for pain and reports no side effects from Meloxicam. It is noted on 12/10/14 that Meloxicam 15 mg daily is making pain manageable and he may take Tylenol if needed and leg cramps were discussed. On 4/9/14 it is noted regarding chronic pain, that he was advised Ibuprofen can bother the stomach and may want to try Tylenol instead to see if stomach symptoms improve. Also noted 4/9/14 is that pain is controlled well enough with Ultram ER such that he can continue to work full time, and it allows him improved functioning at work and home with improved quality of life with manageable pain levels. Over the counter Tylenol and

Ibuprofen have not provided the same level of pain control or functional level. Work status is to return to normal duties 5/8/15. Currently he is taking Meloxicam 15 mg 1 tablet daily, since 12/10/14 and Glucosamine Chondroitin. Noted on 5/8/15 is chronic non-steroidal anti-inflammatory drug use in the face of his history of cardiovascular disease was discussed and for leg cramps recommended regular stretching including before bedtime. His leg pain is chronic and has not needed acute treatment for several years. The requested treatment is Meloxicam 15 mg 1 tablet daily # 90, with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Meloxicam 15mg #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** The patient is a 55 year old male with an injury on 10/17/2005. He fell and had a fracture of the right lateral tibial plateau and needed an ORIF on 10/20/2005. He has right leg pain. He has diabetes and an increased risk of cardiovascular disease. On 05/08/2015 regular stretching was recommended for leg cramps. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary.