

<b>Case Number:</b>	CM15-0127002		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female who sustained an industrial injury on 12/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include x-rays of the bilateral hips. Current complaints include low back and leg pain. Current diagnoses include sacroiliitis, lumbar radiculopathy and facet pain. In a progress note dated 05/22/15 the treating provider reports the plan of care as physical therapy, and medications including tramadol and meloxicam. The requested treatment is meloxicam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam tab 15 mg Qty 30 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications; NSAIDs (non-steroidal anti inflammatory drugs)  
Page(s): 22; 67, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 63-66.

**Decision rationale:** Meloxicam is a NSAID medication. Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that this medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.