

Case Number:	CM15-0128456		
Date Assigned:	07/15/2015	Date of Injury:	10/13/2009
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 65 year old female who sustained an industrial /work injury on 10/13/09. She reported an initial complaint of pain to wrists, legs, ankles, knees, and lower back. The injured worker was diagnosed as having bilateral knee pain. Treatment to date includes medication, diagnostics, ice, and elevation. X-ray results reported on 4/28/15 note no acute bony or soft tissue abnormalities, no joint space narrowing, mild patellofemoral degeneration changes, and no significant change from her previous x-rays done. Currently, the injured worker complained of significant increase in knee pain, especially on the left. There would be a sense of give way to the knee and clicking along with feeling tighter. The pain is described as moderate, burning, not associated with radiation, associates with a sense of swelling, and aggravated with stair use. Per the primary physician's report (PR-2) on 4/28/15, exam noted antalgic gait, tenderness over the parapatellar area on the left knee. Crepitus is present at the patellofemoral joint with range of motion testing, minimal swelling, no ligament instability. The requested treatments include pharmacy purchase of Meloxicam 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Meloxicam 15mg Qty: 30.00 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 72.

Decision rationale: With regard to NSAIDs the MTUS CPMTG states: "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker suffers from wrist, leg, ankle, knee, and lower back pain. With regard to medication history, this is the first prescription of Meloxicam. NSAID therapy is warranted however, as the request does not specify quantity information, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for #30 with 2 refills.