

Case Number:	CM15-0036226		
Date Assigned:	04/07/2015	Date of Injury:	08/24/1996
Decision Date:	05/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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

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 45-year-old female, who sustained an industrial injury on 8/24/96. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbago; lumbosacral disc degeneration; lumbar disc displacement; lumbosacral neuritis; lumbosacral sprain; sacroiliitis; joint degeneration; lumbosacral neuritis. Treatment to date has included status post discectomy laminectomy (10/2001); medications. Currently, the PR-2 notes dated 4/1/14, the injured worker complains of persistent low back pain with right lumbar radicular symptoms. The notes indicate the injured worker is physically fit, athletic and consistently exercises. The note dated 4/1/14 treatment plan requests she continue her current medications, independent exercises and weight management. The provider has currently requested acupuncture and continued multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 08/24/1996 and presents with low back pain. The request is for Meloxicam 7.5 mg #60. The utilization review denial rationale is that "the medical documentation provided does not identify a significant pain relief or functional benefit as a result of NSAID use." There is no RFA provided, and the patient's work status is not known. The report with the request is not provided. MTUS Chronic Pain Medical Treatment Guidelines page 22 for anti-inflammatory medications states: "Anti-inflammatory is the traditional first-line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective, non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of anti-depressants and chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," and medications are used for chronic pain. In this case, none of the reports provided indicate that the patient is currently taking meloxicam and it appears that this is the initial trial for this medication. The patient has tenderness to palpation in the lumbar paraspinal and ileolumbar areas, mostly on the right side. She has persistent low back pain with right lumbar radicular symptoms. The patient is currently taking Soma, Lorcet Plus, and Elavil. Given that the patient has chronic low back pain, a course of NSAID therapy is supported by guidelines and could produce significant benefits. Therefore, the requested meloxicam is medically necessary.