

<b>Case Number:</b>	CM15-0072379		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/17/2015
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 3/17/15. He reported pain in his left elbow related to repetitive duties. The injured worker was diagnosed as having left lateral epicondylitis. Treatment to date has included NSAIDs. As of the PR2 dated 3/31/15, the injured worker reports onset of left lateral elbow pain, precipitated by increase of work hours. The treating physician noted focal tenderness of the lateral epicondyle. The treatment plan includes physical therapy and NSAIDs. The treating physician requested Meloxicam 15mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam (Mobic) 15 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic) Page(s): 61.

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure prior to initiating Mobic. The injury was recent and no other analgesic therapy is noted. The initiation of Mobic as 1st line for pain is not recommended and therefore not medically necessary.