

Case Number:	CM15-0076513		
Date Assigned:	04/28/2015	Date of Injury:	02/21/2012
Decision Date:	06/08/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old female school district employee, who sustained an industrial injury on 2/21/12 when she slipped and fell. The injured worker has complaints of pain in both legs, right more than the left with right leg pain from the buttock to the foot, and she has numbness in both hands. The diagnoses have included carpal tunnel syndrome involving both wrists and sprain of the cervical, thoracic and lumbar spine. Treatment to date has included electromyography/nerve conduction study on 2/12/13 showing carpal tunnel syndrome in both wrists, no evidence of cervical radiculopathy; magnetic resonance imaging (MRI) of the cervical spine and computerized tomography (CT) scan of the left upper extremity. The request was for pharmacy purchase of meloxicam 15mg #30 with 1 refill. Several handwritten documents within the submitted medical records are difficult to decipher.

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 #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67, 68 and 72.

Decision rationale: Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. The MTUS does state that Mobic is recommended for osteoarthritis with a maximum dose of 15 mg per day. The medical records do not document efficacy or side effects related to the use of NSAIDs, The treatment note on 12/9/14 states that naprosyn should be continued. The dose or duration of treatment is not indicated. The MTUS states that NSAIDs are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. There is no rationale for switching to meloxicam documented with a 2-month supply ordered. The request for meloxicam 15mg #30 with 1 refill, is not medically necessary.