MAXIMUS Federal Services

Case Number:	CM15-0093584		
Date Assigned:	05/19/2015	Date of Injury:	09/24/2001
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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 70 year old female, who sustained an industrial injury on 9/24/2001. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, chronic low back pain, and pain in lower limb, arthropathy of lumbar facet joint, myofascial pain, lumbosacral radiculitis and spasm of muscle. Treatment to date has included medications including Norco and Meloxicam, heat, ice, rest, stretching, home exercise and chiropractic care. Per the Primary Treating Physician's Progress Report dated 4/07/2015, the injured worker reported no pain at the time of the exam. Pain at its worst is rated as 10/10 and 4-6/10 on average with medications. Physical examination of the lumbar spine revealed moderate tenderness and spasm with limited range of motion. The plan of care included medications ans authorization was requested for Meloxicam 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

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

Decision rationale: 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 or any objective functional improvement. Furthermore, there does not appear to be monitoring for renal function as suggested by guidelines. In the absence of such documentation, the current request is not medically necessary.