

Case Number:	CM17-0019171		
Date Assigned:	01/31/2017	Date of Injury:	10/29/2016
Decision Date:	02/28/2017	UR Denial Date:	01/24/2017
Priority:	Standard	Application Received:	01/30/2017

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, Virginia

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 45 year old female, who sustained an industrial injury on 10-29-2016. Diagnoses include lumbar strain. Treatments to date include activity modification and medication therapy including Cyclobenzaprine, Ketoprofen since at least October 2016. On 1-12-17, she complained of ongoing pain in the low back. She has completed at least five (5) physical therapy sessions. The physical examination documented lumbar tenderness, spasms, and decreased range of motion. The plan of care included physical therapy and a prescription for Meloxicam 7.5mg one to two tablets daily #30. The appeal requested authorization for Meloxicam (Mobic) 7.5mg #30. The Utilization Review dated 1-24-17, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam (Mobic) 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Meloxicam.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms &

cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the potential for growing chronicity of pain in this worker, with lack of objective evidence to support failure of other conservative modalities or first-line medications, the quantity of medication requested cannot be deemed medically necessary without further evidence of efficacy/benefit outweighing the potential risks of long-term treatment.