

Case Number:	CM13-0020657		
Date Assigned:	03/12/2014	Date of Injury:	08/09/2011
Decision Date:	04/23/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old male with an 8/9/11 date of injury. At the time (6/21/13) of request for authorization for Mobic 15mg tab; 1 tab PO PRN #30, there is documentation of subjective (pain level is about 7 out of 10 in both the back and legs) and objective (greatest pain with lumbar flexion and extension, positive straight leg raising more on the right side, predominantly weak findings, pretty nonfunctional really for ankle dorsiflexion and great toe plantarflexion on right) findings, current diagnoses (lumbar facet syndrome, lumbar discogenic pain, thoracic myelopathy, chronic pain syndrome, lumbar strain or sprain, and lumbosacral radiculopathy), and treatment to date (physical therapy and medication including Mobic for at least 10 months). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Mobic use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBIC 15MG; 1 TAB PO PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Mobic use to date. Within the medical information available for review, there is documentation of diagnoses of lumbar facetal syndrome, lumbar discogenic pain, thoracic myelopathy, chronic pain syndrome, lumbar strain or sprain, and lumbosacral radiculopathy. In addition, there is documentation of chronic low back pain and use of Mobic for at least 10 months. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Mobic use to date. Therefore, based on guidelines and a review of the evidence, the request for Mobic 15mg #30 is not medically necessary.