

Case Number:	CM13-0064729		
Date Assigned:	01/03/2014	Date of Injury:	05/12/2007
Decision Date:	05/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine, 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 52-year-old male with a 5/12/07 date of injury. At the time (11/20/13) of the request for authorization for Mobic 15 mg #30, there is documentation of subjective (worsening pain in his right upper extremity in his shoulder, wrist, and hand, and at least 50% functional improvement with taking medication versus not taking them at all) and objective (limited right shoulder range of motion, some palpable hypertonicity noted over the right cervical trapezius muscle suggesting muscle spasm, and right wrist exam reveals reproducible pain with passive range in flexion to extension) findings, current diagnoses (history of right subacromial decompression with flare up of right shoulder pain, history of carpal tunnel release in the right hand with ongoing symptoms, tendonitis in the right wrist, history of trigger release in the 3rd digit of the right hand, history of cervical sprain/strain with spondylosis, history of lower back pain with left sided rib fractures, and history of right hip pain), and treatment to date (medication (including Mobic for at least 10 months)).

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBIC 15 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, 68

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS 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. Within the medical information available for review, there is documentation of diagnoses of history of right subacromial decompression with flare up of right shoulder pain, history of carpal tunnel release in the right hand with ongoing symptoms, tendonitis in the right wrist, history of trigger release in the 3rd digit of the right hand, history of cervical sprain/strain with spondylosis, history of lower back pain with left sided rib fractures, and history of right hip pain. In addition, there is documentation of exacerbation of chronic pain. Furthermore, given documentation of at least 50% functional improvement with taking medication, there is documentation of functional benefit as a result of Mobic use to date. Therefore, based on guidelines and a review of the evidence, the request for Mobic 15 mg #30 is medically necessary.