

Case Number:	CM13-0066782		
Date Assigned:	06/13/2014	Date of Injury:	09/07/2007
Decision Date:	07/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 58-year-old female was reportedly injured on September 7, 2007. The mechanism of injury was not noted in the medical records presented for review. The most recent progress, reviewed, indicates there were ongoing complaints of bilateral wrist and right hand pains. The physical examination demonstrated a 5'4", 116 pound individual to be in no acute distress. There was some tenderness in the distal right upper extremity; however, the symptoms were noted to be unchanged. Diagnostic imaging studies have not objectified any specific pathology. Previous treatment included systemic and topical preparations. A request was made for non-steroidal medications and was not certified in the pre-authorization process on November 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBIC 15MG #30 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: When considering the date of injury, noting the injury sustained, and that there has not been any noted improvement in the overall clinical situation in a number of months, there is no objectified data indicating any efficacy or utility with the utilization of this preparation. Furthermore, the indefinite use of this medication is not supported in the literature noting the side effect profile. Therefore, based on the records presented for review, this is not medically necessary.