

<b>Case Number:</b>	CM13-0068637		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 60 year old female who reported an injury on 10/24/2007 secondary to lifting a box. An Electromyography (EMG)/Nerve Conduction Velocity (NCV) on 04/05/2012 revealed right L5 radiculopathy. An MRI on 06/25/2012 revealed a right posterior disc protrusion at L5-S1 resulting in mild compression of the right S1 nerve root. She was treated previously with a home exercise program, physical therapy of unknown duration which was "helpful" and acupuncture of unknown duration, which was "no help." She was also treated with at least 4 weeks of aqua therapy and reported improved pain control and functional improvement. It was noted that she received an epidural steroid injection previously on an unknown date, but had an allergic reaction to it according to the documentation provided. She was evaluated on 10/31/2013 and reported 3/10 low back pain radiating to the right foot which increased to 8/10 pain without medications. She also reported limitations with activity, ambulation, and sleep. Medications were noted to include Neurontin 300mg three times daily and Mobic 7.5mg twice daily as needed. The injured worker had used these medications since at least 03/15/2013 according to the information submitted for review. On physical exam, the injured worker was noted to have limited range of motion of the lumbar spine secondary to pain as well as spinal vertebral tenderness at the L4-S1 level. She was also noted to have lumbar myofascial tenderness and paraspinous muscle spasm on palpation. Diagnoses included lumbar radiculopathy, myalgia, chronic pain, and medication related dyspepsia. The injured worker was recommended for Mobic 7.5mg #90. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOBIC 7.5 MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 68.

**Decision rationale:** The request for Mobic 7.5mg #90 is certified. California MTUS Guidelines recommend NSAIDs for the relief of the mild to moderate pain. There is indication in the clinical notes that the injured worker's pain is improved from a 8/10 to 3/10. There is evidence to indicate that the pain relief is achieved from the medication regimen. The injured worker is only using Neurontin and Mobic for pain control at this time. The notes indicate that the injured worker is tolerating current medications. As such, the request for Mobic 7.5mg #90 is medically necessary and appropriate.