

Case Number:	CM14-0105433		
Date Assigned:	07/30/2014	Date of Injury:	12/28/2009
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 12/28/2009 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 08/14/2014 for reports of bilateral knee pain. It was noted that he had 1+ atrophy in the right knee as well as tenderness of the bilateral knees. The left knee flexion was noted to be decreased at 130 degrees, had a positive Lachman's and anterior drawer test. A positive patellar crunch test and McMurray test was noted bilaterally. Tenderness to palpation was noted over the posterior tibial tendon and the medial malleolus of the right ankle. The diagnoses included early degenerative joint disease of the knees, lumbar spondylosis, bilateral hip arthroplasty and right posterior tibial tendinopathy. The treatment plan included knee braces, home exercise program, a possible orthovisc injection, non-steroidal anti-inflammatory drugs (NSAIDs) and opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic (dosage and quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70, 72.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 67-73..

Decision rationale: The California MTUS Guidelines may recommend the use of non-steroidal anti-inflammatory drugs (NSAID) as an option for the short term symptomatic relief of pain. The injured worker has been prescribed Mobic since at least 06/12/2014. There is a significant lack of clinical evidence of the evaluation for the efficacy of the prescribed medication. Additionally, the timeframe the injured worker had been prescribed the medication exceeding the timeframe to be considered short term. Furthermore, the request does not indicate the specific dosage, frequency, and quantity being prescribed. Therefore, the request is not medically necessary.