

<b>Case Number:</b>	CM14-0127445		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is 59 year old female who reported an injury on 04/16/2011. The mechanism of injury was not indicated. The injured worker had diagnoses including lumbar sprain strain. Prior treatment included acupuncture. Diagnostic studies and surgical history were not included in the medical records. The injured worker complained of joint pain. He rated his pain level 6-7/10 without medications and 4-5/10 with medications. A urine drug screen was performed on 06/04/2014 which was consistent with the injured worker's prescribed medication regime. The clinical note dated 07/30/2014 noted the injured worker had joint pain, muscle spasms, and sore muscles. Medications included norco. The treatment plan included a request for Mobic 15mg. The rationale for the request was for pain relief and functional status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

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

**Decision rationale:** The request for Mobic 15mg is not medically necessary. The injured worker complained of joint pain. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating how long the injured worker has been prescribed Mobic. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.