

<b>Case Number:</b>	CM14-0172702		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/09/2004
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 52 year old with an injury date on 7/9/04. Patient complains of continued low lumbar pain/stiffness, with radiating pain into right groin and right hip region per 9/8/14 report. Patient reports the pain at 8/9-10, worsening since last visit per 9/8/14 report. Based on the 9/8/14 progress report provided by [REDACTED] the diagnoses are: 1. L-spine s/s with right lower extremity radiculopathy, with 3mm DP/stenosis/Facet OA L4-52. right SI joint s/sExam on 9/8/14 showed "L-spine range of motion decreased in all ranges." Patient's treatment history includes work restrictions, medications (Percocet, Mobic, Cymbalta), epidural steroid injection. [REDACTED] is requesting Mobic 15mg Qty: 30. The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/29/14 to 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg. quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs); Chronic Pain Medi.

**Decision rationale:** This patient presents with lower back pain, right groin pain, and right hip pain. The treater has asked for Mobic 15mg Qty: 30 on 9/8/14. Patient has been taking Mobic since 7/30/14. The 9/8/14 report states a decrease in pain, and an increase in activities of daily living in relation to overall medications, but not specifically regarding usage of Mobic. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, review of the reports do not show any documentation regarding Mobic's effect on the patient's pain and function. Regarding medications for chronic pain, MTUS pg. 60 states treater must maintain a record of pain and function. Recommendation is for denial.