

Case Number:	CM14-0035905		
Date Assigned:	06/23/2014	Date of Injury:	01/16/2006
Decision Date:	07/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Washington. 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 55-year-old female who reported an injury on 01/16/2006. The mechanism of injury was the injured worker stepped in a hole in the company parking lot on 01/16/2006. Prior treatments included a TENS unit, chiropractic care, and medications. The medication history included Skelaxin, Medrox, Protonix, Percocet, and Mobic 7.5 mg twice a day as of 2013. The diagnosis per the application of independent medical review was grade 1 L4-5 spondylolisthesis, and lumbar radiculopathy. The documentation of 12/05/2013 revealed the injured worker had increased pain with the cold. The injured worker ambulated with a limp. The treatment plan included medications including Medrox, Skelaxin, Protonix, and Percocet 5/325 mg as well as flexion/extension x-rays and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 mg. twice daily # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of an objective functional improvement and objective decrease in pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. The clinical documentation submitted for review failed to provide documentation of the duration of the medication usage. There was a lack of documented efficacy for the requested medication. Given the above, the request for Mobic 7.5 mg. twice daily # 60 is not medically necessary.