

<b>Case Number:</b>	CM14-0036835		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/22/2000
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 02/22/2000. The mechanism of injury was not provided for review. The diagnoses included low back pain, depression, constipation, acid reflux, GERD, BPH, psoriasis, and hypertension. Previous treatments include IDET procedure and medication. Current medication regimen includes Tylenol with codeine, Flexeril, Mobic, Wellbutrin, Lexapro, Dexilant, and metoprolol. Within the clinical note dated 04/24/2014, it was reported the injured worker complained of worsening back pain, stabbing in nature, radiating down his right leg. He rated his pain 8/10 in severity. Upon the physical examination, the provider noted the low back revealed limited range of motion. He had forward flexion at 30 degrees, and extension at 10 degrees. The provider indicated the injured worker had a right and left positive straight leg raise at 80 degrees. Deep tendon reflexes were 1+ at the knees and ankles. The provider requested Mobic for inflammation. The Request for Authorization was submitted and dated 04/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15 mg:** 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 Meloxicam (Mobic), NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 61, 67..

**Decision rationale:** The request for Mobic 15 mg is not medically necessary. The injured worker complained of worsening back pain, stabbing in nature, radiating down his right leg. He rated his pain 8/10 in severity. The California MTUS Guidelines note Mobic is a nonsteroidal anti-inflammatory drug for the relief of signs or symptoms of osteoarthritis. The guidelines note NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the injured worker is diagnosed with osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide to the frequency and quantity of the medication. The injured worker has been utilizing the medication since at least 03/2014. Therefore, the request for Mobic 15 mg is is not medically necessary.