

Case Number:	CM14-0039414		
Date Assigned:	06/27/2014	Date of Injury:	11/10/2006
Decision Date:	08/14/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Nevada. 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 was reportedly injured on 11/10/2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 3/11/2014 indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated the following on the cervical spine: bilateral paraspinal muscles positive tenderness to palpation, palpable twitch, positive trigger points noted in the muscles of the head/neck, and thoracic spine with no tenderness, range of motion with no complaints of pain. The results on the lumbar spine showed pain over the lumbar into the vertebral spaces on palpation, with positive tenderness on the right being greater than the left bilateral sacroiliac joint, and palpable twitch positive trigger points noted in the lumbar paraspinal muscles, bilateral lumbar paraspinal and quite reticent form, with a limited range of motion with pain. A lower extremity sensation diminished on bilateral feet. No recent diagnostic studies were available for review. A previous treatment dated 03/19/2014, included acupuncture, and a request had also been made for Mobic 15 mg #30 and was not medically necessary in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 MG Quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 72 of 127.

Decision rationale: Anti-inflammatories are the traditional first lines of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. After review of the medical documentation provided, the injured worker has a long-standing medical history of neck and back pain. When noting the claimant's diagnosis and/or symptoms, there is a clinical indication for the use of this medication. One notes decreased level of pain complaints, increased functionality and overall efficacy with this medication. Therefore this request is considered medically necessary.