

Case Number:	CM14-0039515		
Date Assigned:	06/27/2014	Date of Injury:	10/19/2009
Decision Date:	12/03/2014	UR Denial Date:	03/19/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 50 year old male who was injured at work on 10/19/2009. He is reported to complaining of severe achy, cramping and spasmodic low back that worsens with changes in activities and postures, like sitting and walking. The pain is associated with unilateral weakness. The physical examination revealed moderate distress, limited range of motion of lumbar spine, palpable tenderness of lumbar spine, guarded antalgic gait. The worker has been diagnosed with: Degenerative Lumbar/Lumbosacral Intervertebral Disc; Lumbar sprain/Strain; Unspecified Myalgia/Myositis. Treatments have included physical therapy; bilateral transforaminal steroid injections at L3-L4; transcutaneous nerve stimulation; H-wave; Celebrex. At dispute is the request for Mobic 15mg oral tablet 1 tab po daily x 30 refill 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg oral tablet 1 tab po daily x 30 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDS) and Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain (Chronic)>, < NSAIDs, specific drug list & adverse effects>

Decision rationale: The MTUS recommends the use of the nonsteroidal anti-inflammatory drugs as a second-line treatment after acetaminophen. The guideline is to use these drugs at the lowest dose for the shortest period in patients with moderate to severe pain. Also, the MTUS states that no one NSAID is more effective than another. Therefore, since the report indicates Celebrex is no longer as effective, there is no indication Mobic would be more effective. In addition, Celebrex and Meloxicam have similar risk profile within the first three months, but beyond three months, meloxicam has the greater risk. Consequently, the requested treatment is not medically necessary because the MTUS recommends the NSAIDs as second line after acetaminophen for treatment of chronic back pain, the MTUS recommends against using NSAIDs for a long time, and because it is not likely to provide any more benefit than Celebrex, which the report indicates is no longer as effective as in the past. Therefore, the request is not medically necessary.