

Case Number:	CM14-0044339		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2006
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 gentleman was reportedly injured on November 10, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of neck and back pain. Current medications were stated to include Ativan, Restoril, Amitriptyline, Flector Patches, Baclofen, Mobic, and Norco. The physical examination demonstrated cervical spine paraspinal tenderness and palpable twitch positive trigger points along the head and neck. There was pain over the lumbar paraspinal muscles and bilateral sacroiliac joints. There was also palpable twitch positive trigger points along the lumbar paraspinal muscles. Lower extremity neurological examination notice decreased sensation in the bilateral feet. Existing medications were refilled. Previous treatment includes acupuncture which was stated to reduce the injured employee's pain by 30% and reduces medication usage. A request had been made for Mobic and was not certified in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 mg 1 tab once a day for 30 days #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 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 72 of 127 Page(s): 72 of 127.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines anti-inflammatory medications such as Mobic are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. This request is for Mobic 15 mg however the usual initial starting dose is 7.5 mg per day. There is no documentation in the attach medical record that the injured employee has failed to improve with a 7.5 mg dosage. This request for Mobic 15 mg once a day for 30 days is not medically necessary.