MAXIMUS Federal Services

Case Number:	CM14-0047425		
Date Assigned:	07/02/2014	Date of Injury:	11/01/2013
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Emergency Medicine 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 patient with reported date of injury on 11/1/2013. The mechanism of injury was documented as back pains while using a jackhammer. The patient has a diagnosis of lumbosacral injury, lumbosacral sprain, lumbosacral radiculopathy and lumbar disc displacement. The medical reports reviewed. Last report available until 4/7/14. Many of the recent reports by the primary treating physician are very brief. The patient complains of pain and discomfort to low back radiation to L hip and knee. Numbness to thigh. Some subjective weakness to both legs. Pain was 9/10. Worsens with exertion or movement. The objective exam reveals decreased lumbosacral range of motion. Strength in lower extremities are normal. Positive straight leg raise of L side. Sensation is decreased in L side. Normal reflexes. An MRI of Lumbar spine(1/10/14) reports lumbarized S1, mild degenerative changes in L3-S1 with disc desiccation. L3-S1 with facet arthritis. Broad based disc disease causing mild-moderate bilateral foraminal stenosis with lumbar side worst. Some noted mild central canal stenosis at L4-5. An EMG/NCV(2/10/14) of bilateral lower extremities show lumbar S1 radiculopathy. No recent medication list was provided. Notes mention Tramadol, Tylenol #3 and Mobic. The patient is reportedly getting acupuncture. The patient also has received lumbar epidural steroid injection. Independent Medical Review is for Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Mobic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NSAIDs(Non-Steroidal Anti-inflammatory Drugs)>, page(s) <67-68> Page(s): 67-68.

Decision rationale: The prior reviewer and my review of the records could not find a complete Mobic prescription for this review. There is no dose and no number of tablets listed in the report. Mobic or Meloxican is a Non-steroidal anti-inflammatory drug (NSAID). As per the MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic low back pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. Records states that patient is chronically on Mobic and shows mild improvements with medication use. There is not enough documentation to show proper caution and monitoring for side effects to recommend continued chronic use of Mobic. The prescription is also incomplete with no noted dose or number of tablets requested. Mobic is not medically necessary.