

Case Number:	CM14-0062020		
Date Assigned:	07/09/2014	Date of Injury:	01/21/2010
Decision Date:	12/31/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Interventional Spine 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 is a 66 year old with an injury date of 1/21/10. The patient complains of bilateral knee pain, bilateral hip pain, low lumbar pain, mid back pain, left ankle/foot pain per 3/18/14 report. Based on the 3/18/14 progress report provided by the treating physician, the diagnoses are knee joint replacement - chronic unstable; chronic pain syndrome - unstable; knee pain - chronic unstable; and lumbar spine sprain/strain - chronic unstable. Exam on 3/18/14 showed "range of motion of bilateral knees decreased, right worse than left." The patient's treatment history includes medications (currently Pamelor, Tylenol, Vicodin, Skelaxin, Mobic), electrical stimulation unit, MRI of the left knee, and 5 sessions of aqua therapy for the knee. The treating physician is requesting Mobic 7.5mg #30. The utilization review determination being challenged is dated 4/16/14. The requesting physician provided treatment reports from 10/23/13 to 3/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific.

Decision rationale: This patient presents with bilateral knee pain, bilateral hip pain, lower/mid back pain, left ankle/foot pain. The provider requested Mobic 7.5mg #30 on 3/18/14. The patient has been taking Mobic since 1/28/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to Acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been using Mobic for more than a month without documentation of pain relief or functional improvement. Regarding medications for chronic pain, MTUS page 60 states, "A record of pain and function with the medication should be recorded." Therefore, this request is not medically necessary.