

<b>Case Number:</b>	CM14-0019908		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female with a date of injury of September 27, 2010. Results of the injury include left knee, right knee, and lumbar spine. Diagnosis include left knee strain with chondromalacia of the lateral tibial plateau with subchondral cyst formation with subtle blunting of the mid zone of the lateral meniscus, likely post surgical in nature, with medical mediscus intact with patellofemoral arthralgia/patellar tendinitis with history of arthroscopy x 2 in 1993 and 1997, exact procedure unknown, right knee sprain/patellofemoral arthralgia, lumbar spine myofascial sprain with mild loss of disc endplate osteophyte complex at L2-L3, disc desiccation with suggestion of annular fissure and a two millimeter disc protrusion at L4-L5 with a four millimeter right posterolateral disc protrusion/extrusion causing pressure over the right S1 nerve root with moderate neuroforaminal stenosis at L5-S1 per Magnetic resonance imaging (MRI) scan dated June 13, 2011. Treatment has included a diagnostic imaging, home exercise program, electrical stimulation unit, and lumbar epidural steroid injection with relief. Progress report dated October 2, 2013 revealed the lumbar spine to have increased tenderness over the paravertebral musculature and lumbosacral junction with associated slight to moderate hypertonicity muscle guarding right side greater than the left. Right sided Gaenslen's test and Yeomen's test was positive for increased pain along the right sacroiliac joint. Palpation was noted for tenderness over the lateral greater than medial joint line of the left knee. There was patellofemoral crepitus and retropatellar pain noted on passive ranging and comprehensive testing of both knees, left side greater than the right. Treatment plan included a home exercise program, electrical stimulation unit, topical medications lumbar brace, and ice packs. Disability

status was noted as temporarily totally disabled. Utilization review form dated January 24, 2014 non certified Mobic due to noncompliance with MTUS guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Mobic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

**Decision rationale:** This patient presents with left knee pain. The treater is requesting Mobic. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The records do not show a history of Mobic use. The 12/09/2013 report notes that the patient complains of sharp, achy, burning, throbbing, cramping pain at a rate of 7/10. She walks with a limp but does not use any assistive devices. She states that the pain does travel up and down the legs. She has some numbness, tingling in the right lower extremity. Her gait is mildly antalgic on the left knee with an alignment of approximately 10 to 12 degrees of valgus. The MTUS Guidelines supports NSAID as a traditional first-line treatment and trial of Mobic is appropriate to determine its efficacy in terms of functional improvement and pain reduction. However, the quantity was not specified. In this case, the request for an unlimited amount of Mobic is not supported by the guidelines. The request IS NOT medically necessary.