

Case Number:	CM14-0188745		
Date Assigned:	11/19/2014	Date of Injury:	03/16/2007
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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:

Patient is a 60 year-old female with date of injury 03/16/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/24/2014, lists subjective complaints as pain in the neck, shoulders and knees. Objective findings: Examination of the cervical spine revealed tenderness to palpation at the midline and bilateral paraspinals. Right and left shoulder examination revealed tenderness to palpation over the anterior, lateral, and posterior aspects of the shoulders and positive Neer and Hawkins. Examination of the bilateral knees revealed tenderness to palpation over the bilateral joint lines and anterior infrapatellar aspects. Crepitus was noted in both knees. Diagnosis include cervical spine strain/sprain, cervical radiculopathy, left shoulder acromioclavicular joint tendinosis, status post right shoulder partial rotator cuff repair, status post right knee arthroscopy with chondroplasty and partial medial meniscectomy, left knee possible medial meniscal tear and bilateral chondromalacia patellae. The medical records supplied for review document that the patient was prescribed the following medication on 09/24/2014. Medications: 1. Mobic Tab 7.5mg, #30 (No SIG provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic Tab 7.5 #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. The patient does carry a diagnosis of chondromalacia patella, degenerative disease of the knee. I am reversing the previous utilization review decision. Mobic Tab 7.5 #30 is medically necessary.