

Case Number:	CM14-0190742		
Date Assigned:	11/24/2014	Date of Injury:	04/18/2001
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine and is licensed to practice in Utah. 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:

This 73 year old female sustained an injury to the left middle and ring fingers on April 18, 2001. The mechanism of injury was not in the provided medical records. Diagnoses included status post bilateral elbow and bilateral wrist surgery 2001, status post trigger finger surgery 2013, left hand trigger finger, and chronic non-steroidal anti-inflammatory drug (NSAID) therapy. Prior treatment included anti-inflammatory and pain medications, and hand exercises. On October 10, 2014, the treating physician noted continuing pain and inability to extend the left ring finger, and pain of the elbow and forearm. The physical exam revealed inability to fully extend the left ring finger. The treating physician recommended continuing the anti-inflammatory and pain medications, referral to a hand surgeon, follow up in 6 months, and monitor lab work every 6 months while on chronic non-steroidal anti-inflammatory drug therapy. The injured worker was retired. On October 31, 2014 Utilization Review non-certified a prescription for Mobic 7.5mg #60 with 4 refills. The Mobic was non-certified based on lack of evidence of objective functional improvement from prior use. The California Medical Treatment Utilization Schedule (MTUS) for NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg 4 refills: Upheld

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 NSAIDs(Non-Steroidal Anti-Inflammatory Drugs) Page(s): 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Meloxicam.MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no documentation of the effectiveness of the medication noted. According to the clinical documentation provided and current MTUS guidelines; Meloxicam is not indicated a medical necessity to the patient at this time.