

Case Number:	CM14-0191545		
Date Assigned:	11/25/2014	Date of Injury:	10/10/2007
Decision Date:	02/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology, 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 61-year-old female with date on injury on 10/ 10/ 07. She is diagnosed with bilateral wrist sprain/ strain, de Quervain's tenosynovitis in both wrists, cervical sprain/ strain, left shoulder strain / sprain, and history of left knee contusion, stable. X-ray of the bilateral wrists on 08/22/ 14 showed degenerative changes in the lateral carpal bones, more on the left than the right. There were cystic changes in the left ulnar styloid and narrowing of the radiocarpal joint bilaterally, but no acute bony abnormalities. X-ray of the left shoulder on 08/ 22/14 showed calcific tendinosis in the region of the bicipital tendon and rotator cuff with minimal narrowing in the acromioclavicular joint. X-ray of the cervical spine on 08/ 22 / 14 showed mild degenerative spondylosis at the C6-C7, degenerative grade I retrolisthesis of C6 upon C7 and uncovertebral arthropathy with minimal osseous foraminal stenosis of the left at C6-C7. She was seen on 10/14/ 14 at which time is noted she is working full duties. She stated she cannot function without pain medications. She uses Norco, Zanaflex and Mobic which she alternates with ibuprofen for inflammation. Pain is 4/10 with medications and 10/10 without. Utilization review dated 10/24/14 non-certified the request for Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg: 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 Anti-Inflammatory Medications Page(s): 60.

Decision rationale: The request for Mobic is supported. According to the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. The patient is followed for chronic pain and has evidence of degenerative changes on multiple body parts. Anti-inflammatory medications are allowing the patient to continue her normal work duties. The request for Mobic 15 mg#30 is medically necessary.