

Case Number:	CM14-0208226		
Date Assigned:	12/19/2014	Date of Injury:	08/19/2009
Decision Date:	02/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/11/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 62 years old female patient who sustained an injury on 8/19/2009. She sustained the injury due to fall. The current diagnoses include lower back pain, lumbar disc disease, other kyphoscoliosis and scoliosis, osteoarthritis localized, not specified whether primary or secondary and arthralgia shoulder. Per the doctor's note dated 10/21/2014, she had complaints of chonic pain over the low back, right shoulder, right knee and left ankle. The physical examination revealed lumbar spine- tenderness and limited range of motion with flexion 60 degrees. The medications list includes singulair, alpha lipoic acid, centrum, co enzyme q-10, botin, calcium, low dose aspirin, flax seed oil and fluticasone nasal spray. Patient was prescribed mobic. She has had left ankle X-ray in 10/2013 which revealed mild degenerative changes. She has had chiropractic treatment for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67 - 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs; Meloxicam (Mobic) Page(s): 22; 67; 61.

Decision rationale: Meloxicam is a NSAID. According to CA MTUS guidelines "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic low back, right shoulder, right knee and left ankle pain. NSAIDs are considered first line treatment for pain and inflammation. The request for Mobic 7.5 mg, sixty counts is medically appropriate and necessary for this patient to use as prn to manage her chronic pain.