

Case Number:	CM14-0069136		
Date Assigned:	03/09/2015	Date of Injury:	05/17/1999
Decision Date:	05/15/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/14/2014

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. 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old male, who sustained an industrial injury on 5/17/1999. The current diagnoses are lumbago, spasm of muscle, displacement of lumbar intervertebral disc without myelopathy, obesity, and chronic depression related to pain. According to the progress report dated 6/2/2014, the left lower extremity numbness and pain has fluctuated, although right lower extremity has been more significant. The current medications are Zohydro, Norco, OxyContin, Vibryd, Mobic, Lamictal, Lexapro, Lidoderm patch, Magnesium, and Ibuprofen. Treatment to date has included medications management, aqua therapy, and trigger point injections. The plan of care includes prescription refill for Mobic.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/Lowback;Table 2, Summary of Recommendations Low Back Disorders>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the OD guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The records indicate that the patient reported significant pain relief with utilization of the pain medications. There was no report of severe adverse effect. The criteria for the use of Mobic 7.5mg # 60 was met. The request is medically necessary.