

Case Number:	CM15-0007509		
Date Assigned:	01/26/2015	Date of Injury:	04/18/2013
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 04/18/2013. He has reported subsequent right shoulder pain and was diagnosed with osteoarthritis of the right shoulder, coracoid impingement of the right shoulder and inferior and anterior labral tears. Treatment to date has included oral pain medication, therapeutic injections, application of heat and ice, physical therapy and surgery. Currently the injured worker is noted to have continued right shoulder pain and was noted to have had a recent biceps injection with no use of the right arm. Good pain relief was noted with daily Mobic use and as needed Norco use. Objective physical examination findings were notable for tenderness of the anterior shoulder and limited range of motion. A request for authorization of a Mobic refill was made by the physician. On 12/18/2014, Utilization Review modified a request for Mobic from Mobic 15 mg quantity of 90 to Mobic 15 mg quantity of 30 noting that a 30 day trial of Mobic would be appropriate with continuation only if there is functional improvement and lack of adverse effects. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications page 22 recommends antiinflammatory medications as a traditional first line of treatment to reduce pain so activity and functional restoration can resume. A prior physician review recommended noncertified of Mobic with the rationale that specific objective documentation of functional improvement needs to be documented. The treatment guidelines do support the use of antiinflammatory medications not only with regard to functional improvement, but also with regard to subjective reports of pain improvement if the medical records indicate that the patient has reported overall benefit from the medication. The records do document such benefit from this medication. This request is medically necessary.