

Case Number:	CM15-0102529		
Date Assigned:	06/04/2015	Date of Injury:	02/01/2012
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 49-year-old male, who sustained an industrial injury on February 1, 2012, incurring right knee and back injuries after a slip and fall. He was diagnosed with right knee contusion and right sciatica. Treatment included physical therapy, pain medications and work restrictions. Lumbar Magnetic Resonance Imaging revealed spondylolisthesis, disc bulging and facet hypertrophy. Currently, the injured worker complained of right thigh pain radiating down right leg with weakness and tingling being worse when pulling objects or walking stairs. The treatment plan that was requested for authorization included prescriptions for Mobic and Medrol Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Anaprox/Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient does not have osteoarthritis pain. Patient was taking NSAIDs in the past for the same pain but there is no documentation of efficacy. Patient is prescribed medication that is poorly effective for the type of pain and has no documentation of effectiveness. Mobic is not medically necessary.

Medrol Dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Thoracic or Lumbar, Corticosteroids.

Decision rationale: MTUS Chronic pain or ACOEM Guidelines do not adequately address this issue. As per Official Disability Guidelines (ODG), corticosteroids may be used under certain criteria. 1) Pt should have clear-cut signs of radiculopathy. Fails criteria. Documentation is not consistent with radiculopathy. 2) Risk of steroid should be discussed and documented. Fails criteria. 3) Minimal benefit of steroids should be discussed and documented. Does not meet criteria. 4) Use during acute phase. Fails criteria. Pain is chronic. Due to poor documentation, the request for Medrol dose pack does not meet any criteria for recommendation. Medrol dose pack is not medically necessary.