

Case Number:	CM15-0107318		
Date Assigned:	06/11/2015	Date of Injury:	11/21/2006
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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 54 year old female, who sustained an industrial injury on 11/21/06. She has reported initial complaints of bilateral hand injuries from repetitive work. The diagnoses have included pain in the bilateral limbs and psychophysiological disorder with anxiety, depression and insomnia. Treatment to date has included medications, activity modifications, and diagnostics, off work, surgery, physical therapy, occupational therapy, acupuncture, psychiatric, Cognitive Behavioral Therapy (CBT) and home exercise program (HEP). Currently, as per the physician progress note dated 5/14/15, the injured worker complains of bilateral hand and arm pain as well as poor sleep. She reports muscle aches, fatigue, weakness of hands and feet, joint pain and low back pain. The physical exam reveals hypesthesia bilaterally in the median nerve distribution and positive Tinel's bilaterally. The current medications included Ambien, Cyclobenzaprine, Diazepam, Lexapro, Melatonin, Mobic and Vicodin. There is no previous urine drug screen reports noted in the records. There is previous therapy sessions noted in the records. The physician requested treatment included Mobic 7.5mg quantity 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg quantity 60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Mobic 7.5mg quantity 60 with one refill is not medically necessary and appropriate.