

Case Number:	CM15-0019487		
Date Assigned:	02/09/2015	Date of Injury:	11/16/2012
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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 55-year-old female who reported an injury on 11/16/2012. The mechanism of injury was not provided. She was diagnosed with osteoarthritis and allied disorders. Past treatments were noted to include medications, a Synvisc injection, physical therapy, and a brace. On 12/08/2014, the injured worker reported she has done physical therapy and indicated her pain was relieved for 2 to 3 months. She does not want a knee replacement. She wants to continue working and would like a repeat injection of Synvisc. She also reported she is anxious and would like to have a refill of her Mobic. On physical examination, she was noted to be health appearing and in no acute distress. She had a mildly antalgic gait on the right knee. Range of motion was not tested. Her current medications were noted to include Mobic. The treatment plan included authorization for a repeat Synvisc injection to her right knee, continuation of wearing a brace, a request for physical therapy, as well as a prescription for Mobic. A request was submitted for Mobic 7.5 mg; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Mobic 7.5 mg is not medically necessary. It is unclear when the Mobic was started. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The clinical documentation submitted for review does not provide evidence of decreased pain and increased function to perform activities of daily living with use of Mobic. Additionally, it is unclear when the patient started the medication, as the guidelines only recommend for short term use. Furthermore, the request as submitted does not provide a frequency of the medication. In the absence of the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.