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| <b>Case Number:</b>   | CM15-0136059 |                              |            |
| <b>Date Assigned:</b> | 07/24/2015   | <b>Date of Injury:</b>       | 08/21/1989 |
| <b>Decision Date:</b> | 09/11/2015   | <b>UR Denial Date:</b>       | 06/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2015 |

### 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: Massachusetts

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

This 68 year old female sustained an industrial injury on 8-21-89. She subsequently reported back pain. Diagnoses include lumbar degenerative disc disease, spinal stenosis and disc injury. Treatments to date include physical therapy, injections and prescription pain medications. The injured worker reports that low back pain has been well controlled. Objective findings state that over health strategies to manage back were discussed and patient could benefit from physical therapy. A request for 12 physical therapy sessions and Mobic 15mg #30 Refill: 1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Improvement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1989 and continues to be treated for back pain. When seen, her low back pain was under control. She indicated that she had always previously had improvement with physical therapy. No physical examination findings are recorded. Mobic was continued and she was referred for 12 sessions of physical therapy. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

**Mobic 15mg #30 Refill: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47-49, Chronic Pain Treatment Guidelines Meloxicam (Mobic), NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, (2) NSAIDs, specific drug list & adverse effects Page(s): 68, 72.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1989 and continues to be treated for back pain. When seen, her low back pain was under control. She indicated that she had always previously had improvement with physical therapy. No physical examination findings are recorded. Mobic was continued and she was referred for 12 sessions of physical therapy. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, the claimant is over age 65. Guidelines recommend prescribing a selective COX-2 medication such as Mobic (meloxicam). The usual initial dose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. The dose prescribed is consistent with that recommended. The request is medically necessary.