

<b>Case Number:</b>	CM15-0185767		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/30/1998
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 76-year-old female, with a reported date of injury of 09-30-1998. The diagnoses include degenerative joint disease of multiple sites, and lumbar spine pain. Treatments and evaluation to date have included Norco, Mobic (since at least 04-2015), and home exercises. The diagnostic studies to date have not been included in the medical records. The progress report dated 08-25-2015 indicates that the injured worker had chronic low back pain which was worse when walking. It was noted that the injured worker was able to sit for 15-20 minutes at a time. The pain radiated to the lower extremity. The objective findings were noted as "lumbar-no changes". The treatment plan included the refill of Mobic 15mg, one daily. The injured worker has been instructed to return to modified work on light duties. On 07-27-2015, the objective findings include decreased muscle tone and strength in the right shoulder, decreased abduction and flexion of the right shoulder, and decreased grip strength. The injured worker rated her pain level 5-6 out of 10 with medications and 10 out of 10 without medications. There were no adverse side effects, no aberrant drug taking behaviors, and it was noted that the pain medications worked fairly well on good days. The request for authorization was dated 08-25-2015. The treating physician requested Mobic 15mg #30. On 09-12-2015, Utilization Review (UR) modified the request for Mobic 15mg #30 to Mobic 15mg #12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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 NSAIDs 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 for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 1998 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Mobic 15 mg #30 is not medically necessary and appropriate.