

Case Number:	CM15-0187613		
Date Assigned:	09/29/2015	Date of Injury:	09/06/2001
Decision Date:	11/12/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial-work injury on 9-6-01. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), degenerative joint disease (DJD) of the knee and lumbago. Medical records dated (4-7-15 to 8-11-15) indicate that the injured worker complains of chronic low back pain. He states that the Mobic is most helpful and exercise helps. He reports that he is cautious with working out to avoid increased pain. The pain is rated 7-8 out of 10 on the pain scale at its worst, 3-4 out of 10 at its least and average pain over the last month is rated 5-6 out of 10. Per the treating physician report dated 8-11-15 work status is retired disabled. The physical exam dated (4-7-15 to 8-11-15) reveals tenderness to palpation across the lumbar spine. There is mild swelling in the right popliteal fossa less prominent no ligament laxity noted. There is mild tenderness to palpation over the medial joint line and pain and crepitus with range of motion. Treatment to date has included pain medication including Lidoderm in the past which was helpful, Meloxicam plus Duloxetine which caused drowsiness, Aleve, Cymbalta, Mobic since at least 3-05-15, rest and home exercise program (HEP). Other medication list includes Percocet, Aleve and Nortriptyline. The patient has had 35.3 BMI on 8/11/15. The request for authorization date was 8-11-15 and requested service included Mobic 15mg #30 with 5 refills. The original Utilization review dated 8-24-15 modified the request to Mobic 15mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30 with 5 refills: Overturned

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): Anti-inflammatory medications.

Decision rationale: Mobic belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain and is taking Mobic for this injury. The patient has had diagnoses of lumbar degenerative disc disease (DDD), degenerative joint disease (DJD) of the knee and lumbago. Medical records dated (4-7-15 to 8-11-15) indicate that the injured worker complains of chronic low back pain rated 7-8 out of 10. He states that the Mobic is most helpful. The physical exam dated (4-7-15 to 8-11-15) reveals tenderness to palpation across the lumbar spine. There is mild swelling in the right popliteal fossa, mild tenderness to palpation over the medial joint line and pain and crepitus with range of motion. NSAIDS like Mobic are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Mobic 15mg #30 with 5 refills is medically appropriate and necessary in this patient.