MAXIMUS Federal Services

Case Number:	CM15-0187696		
Date Assigned:	09/29/2015	Date of Injury:	08/12/2011
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 40 year old female who sustained an industrial injury on August 12, 2011. A recent pain medication re-evaluation dated July 23, 2015 reported subjective complaint of "intermittent neck pain that radiates down bilateral upper extremities; low back pain; lower extremity pain involving the left hip and foot. She reports using: a spinal cord stimulator, Tramadol. She further states: "after taking Tramadol 30 minutes then pain is relieved." She reports functional improvement with medications to include: caring for pet, cooking, dressing, mood and washing dishes." She further states that "her quality of life has improved." The following medications were prescribed this visit: TENS unit lotion, Baclofen, Eszopiclone, Flector, Lidoderm, Mobic, Tramadol, Senna, and Gabapentin. Primary follow up dated April 2015 reported current medication regimen consisting of: Baclofen, Eszopiclone, Flector, Lidoderm, Mobic, Tramadol, Gabapentin and Senna. On September 02, 2015 a request was made for Mobic 7.5 mg #60 that was noncertified by Utilization Review on September 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg tab bid #60: 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: This 40 year old female has complained of neck pain, low back pain, left hip pain and foot pain since date of injury 8/12/2011. She has been treated with spinal cord stimulator, TENS, physical therapy and medications to include Mobic for at least 8 weeks duration. The current request is for Mobic. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 8 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Mobic is not medically necessary.