

Case Number:	CM15-0199064		
Date Assigned:	10/14/2015	Date of Injury:	07/05/2011
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 54 year old male, who sustained an industrial injury on 7-5-2011. The medical records indicate that the injured worker is undergoing treatment for chronic low back and right lower extremity pain, 5 millimeter disk herniation at L4-5, neck and upper extremity pain, focal protrusion at C5-6, broad based disk protrusion at C3-4, broad based disk protrusion at C6-7, insomnia due to pain, and history of inconsistent urine drug screens. According to the progress report dated 9-2-2015, the injured worker presented with complaints of pain in his low back, neck, and left upper extremity. The level of pain is not rated. The physical examination did not reveal any significant findings. The current medications are Mobic (since at least 5-12-2015) and Zoloft. Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (9-24-2015) had non-certified a request for Mobic #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Mobic is meloxicam, a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state, "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case, the patient had been receiving Mobic since at least April 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.