

<b>Case Number:</b>	CM15-0202731		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 29, 2006. In a utilization review report dated September 29, 2015, the claims administrator failed to approve a request for Mobic while apparently approving a request for Opana and Tenormin. A September 10, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 10, 2015 office visit, the claimant reported heightened back pain complaints. The claimant was using 270 mg of morphine equivalents daily, the treating provider contended, via Opana Extended Release and Opana, along with Cymbalta and Prevacid. The attending provider contended the applicant would be unable to walk to the grocery store without her medications. 8-10/10 pain complaints were reported in another section of the note. The applicant reported ongoing issues with lower extremity paresthesias. The note was quite difficult to follow and mingled historical issues with current issues. The claimant had undergone earlier failed lumbar spine surgery, it was stated. Multiple medications were seemingly endorsed, including Prevacid, Tenormin, Cymbalta, Opana, Opana Extended Release, and Mobic. It was not clearly established whether the request for Mobic was a first-time request or a renewal request. The attending provider acknowledged the applicant was not working following imposition of permanent work restrictions by an agreed medical evaluator (AME). Medication reconciliation associated with the September 10, 2015 encounter was notable for commentary to the effect that the applicant was using both Mobic and Tenormin at the conclusion of this encounter. In an earlier note dated June 13, 2015, Prevacid, Cymbalta, Opana, and Tenormin were endorsed. The applicant did report using Motrin on a daily basis, it was stated on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam (Mobic) 7.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** No, the request for Mobic, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate anti-inflammatory medications, Mobic and Motrin, as of the September 10, 2015 encounter in question. Therefore, the request was not medically necessary.