

<b>Case Number:</b>	CM15-0206941		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: 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 60 year old male, who sustained an industrial injury on 4-29-2009. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, lumbar post laminectomy syndrome and lumbar sprain. A progress note from 3-9-2015 reported the injured worker had low back pain radiating down the left leg, rated 4 out of 10 with medications. A recent progress report dated 10-7-2015, reported the injured worker complained of low back pain radiating down both legs-left worse than right, rated 4 out of 10. Physical examination revealed no lumbosacral tenderness or spasm and negative straight leg raise test. Treatment to date has included physical therapy, Percocet, Cymbalta and Mobic (since at least 3-9-2015). On 10-14-2015, the Request for Authorization requested Retrospective Mobic 15mg #30 (date of service 10-07-15). On 10-19-2015, the Utilization Review noncertified the request for Retrospective Mobic 15mg #30 (date of service 10-07-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Mobic 15mg #30 (DOS 10/07/15): 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:** Mobic is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been taking Mobic since 3/2015. Chronic use of an NSAID is not indicated due to risk. Mobic is not medically necessary.