MAXIMUS Federal Services

Case Number:	CM15-0021775		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2013
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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, West Virginia, Pennsylvania
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 38 year old male, who sustained an industrial injury on 04/17/2013. He has reported a fall through a skylight from approximately 30 feet landing on a metal beam sustaining loss of consciousness for approximately ten minutes and injuring the right mandible with mandibular fracture and multiple other injuries. Diagnoses include status post arthroscopic left shoulder rotator cuff repair and superior labrum anterior and posterior debridement, right mandibular fracture, jaw surgery times two, right ring digit fracture and open reduction with internal fixation, chronic cervical strain, chronic lumbar strain, possible bilateral lumbar radiculitis, possible cervical radiculitis, chest pain (non-cardiovascular), bilateral shoulder pain, bilateral knee pain with evidence of medial meniscus tear on magnetic resonance imaging of the right knee, gait disturbance, insomnia secondary to chronic pain, chronic pain due to multiple injuries, and reactive depression. Treatment to date has included magnetic resonance imaging of the right knee, computed tomography scan of the chest, medication regimen, above listed surgeries, and physical therapy. In a progress note dated 12/05/2014 the treating provider reports bilateral shoulder pain, burning neck pain, chest wall pain, thoracic pain, bilateral knee pain, low back pain, and heel pain. The neck pain is noted to radiate to the upper extremities. The treating physician requested the medication of Mobic for inflammation and pain. On 01/09/2015 Utilization Review non-certified the requested treatment of Mobic 15mg for a quantity of 30 for 30 days, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Meloxicam (Mobic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: Meloxicam is an NSAID used for the relief of osteoarthritis pain. While an NSAID is appropriate for this patient who suffers from chronic musculoskeletal pain, review of the clinical records indicate that the patient is already on naproxen. Since there is no indication for a patient to be on multiple different NSAIDs, the request for Mobic 15 mg #30 is not medically necessary and appropriate.