

Case Number:	CM15-0220052		
Date Assigned:	11/13/2015	Date of Injury:	12/05/2005
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/09/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 12-5-2005. Diagnoses include right discogenic disease with facet arthritis, mild cervical discogenic disease with minimal findings, and painful right elbow. Treatments to date include activity modification, medication therapy, TENS unit, physical therapy, and aquatic therapy, trigger point injections, epidural steroid injection, facet blocks and rhizotomy of left facet joints. On 9-16-15, she complained of two months with increasing left low back and increased radiation to bilateral lower extremities pain. Current medication listed included Lyrica, Lunesta, and Hydrocodone 5mg tablets one or two a day. Pain was rated 7 out of 8 out of 10 VAS. It was documented that the urine drug study was obtained and appropriate. The physical examination documented lumbar tenderness with muscle spasms and decreased range of motion. . The plan of care included adding Mobic and Norflex. The Mobic was noted to have been successful in the past. The appeal requested authorization for Mobic 15mg #30. The Utilization Review dated 10-12-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: CA MTUS Guidelines state that NSAIDs like Mobic should be used at the lowest dose for the shortest period of time. There is no evidence of long-term effectiveness in regard to reduced pain or increased function. The patient has been taking Mobic on a long-term basis, contrary to recommendations, which is also associated with an increased risk of cardiovascular and GI adverse events. There is no specific evidence that the use of Mobic has resulted in improved work ability, improved ADLs or other medication reduction. Therefore the request is not medically necessary or appropriate.