

Case Number:	CM15-0221973		
Date Assigned:	11/17/2015	Date of Injury:	07/16/2004
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/11/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 67 year old male who sustained an industrial injury on 7-16-04. He is not working. Medical records indicate that the injured worker has been treated for bilateral carpal tunnel syndrome; advanced arthritis lateral joint right knee; left knee internal derangement; left knee intercompartmental osteoarthritis; lumbar discopathy; failed right total knee. He currently (9-18-15) has limited range of motion of the right knee with pain and a pain level of 8 out of 10; left knee improved with injections and a pain level of 6 out of 10; low back pain with prolonged standing and walking and he uses a cane for ambulation and with a pain level of 6 out of 10; achy pain and numbness right wrist with a pain level of 5 out of 10. Physical exam of the lumbar spine revealed tenderness from the thoracolumbar spine down to the base of the pelvis, buttocks tender, tenderness on stress of the pelvis, decreased range of motion; left knee revealed positive patellar grind maneuver, tenderness in medial aspect; right knee revealed diffuse tenderness along the medial and lateral aspect of the tibia. Diagnostics include MRI of the left knee (12-29-09) showing intercompartmental osteoarthritis. Treatments to date include right hand occupation therapy post-operative; lumbar epidural steroid injection times 2 to lumbar spine (2011) with temporary relief 2-3 months; medications (prior): tramadol, hydrocodone, naproxen, omeprazole: (current): Tylenol with Codeine, Prilosec, transdermal creams, Mobic; right total knee arthroplasty. On 5-29-15 Motrin was prescribed. In the 9-18-15 progress note the treating provider prescribed Mobic 7.5mg #60 with 1 refill. The request for authorization was not present. On 10-12-15 Utilization Review non-certified the request for Mobic 7.5mg #60 with 1 refill, modified to 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg, #60 with 1 refill: 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, specific drug list & adverse effects.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. It is generally recommended that the lowest effective dose be used for the shortest duration of time. NSAID's should be used with caution due to the potential side effects of cardiovascular, gastrointestinal, hepatic and renal side effects. In this case the injured worker has been taking NSAID's (motrin) since at least 5/29/15. The submitted documentation provides no evidence of functional improvement, a quantitative assessment of how the medication helps, percentage of relief, duration of relief, increase in function or activity. The current request is for a prescription for Mobic, which based on the submitted documentation seems to be an initial trial of a different NSAID. The guidelines caution against long term use due to the side effect profile of this class of medications. In this case the request is for a 2 month supply with a refill. A refill should not be warranted without documented objective improvement of the medication. Therefore the request is not medically necessary.