

Case Number:	CM15-0222148		
Date Assigned:	11/17/2015	Date of Injury:	11/01/1985
Decision Date:	12/31/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/12/2015

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: Physical Medicine & Rehabilitation

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 66 year old male who sustained an industrial injury 11-01-85. A review of the medical records reveals the injured worker is undergoing treatment for lumbago of the sacral region, bulging of intervertebral disc between L4-L5, insomnia, bilateral lumbar radiculopathy, scoliosis, and kyphosis. Medical records (10-09-15) reveal the injured worker complains of low back and lower extremity pain, which is not rated. Pain is described as stabbing, burning, aching, and reports numbness and pins and needles sensation in both feet. The physical exam (10-09-15) reveals obvious "severe" lower thoracic and lumbar scoliosis, ambulation with a cane, pain sitting and standing, kyphosis, "moderate" muscle tightness in the thoracic and lumbar areas, and poor thoracic and lumbar range of motion. Prior treatment includes 2 lumbar fusions in 1986, acupuncture, a lighter weight back brace, as well as medications including MS Contin, Oxycodone, Relafen, Percocet, and Mobic. The original utilization review (10-22-15) non certified the request for Mobic 15mg #30. The documentation supports that the injured worker has been on Mobic since at least 08-06-15. The treating provider (08-06-15) did not elaborate on the reason for the addition of Mobic to the medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective per PMSI approved 10/15/15 Mobic 15mg #30: Upheld

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

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

Decision rationale: The patient presents on 10/08/15 with unrated lower back pain. The patient's date of injury is 11/01/85. The request is for Retrospective per PMSI approved 10/15/15 Mobic 15mg #30. The RFA is dated 10/08/15. Physical examination dated 10/08/15 reveals obvious scoliosis in the thoracic lumbar spine with the apex to the right, muscle tightness in the thoracic and lumbar areas, and reduced range of motion in all planes. The patient is currently prescribed MS Contin, Oxycodone, Relafen, Nifedipine, Aspirin, and Percocet. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications section, page 22 states: "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. 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." MTUS Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints section, page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the retrospective request of Mobic for this patient's chronic pain, inadequate documentation of medication efficacy has been provided. This medication was initiated on 08/06/15. However, there is no documentation of analgesia in the subsequent reports or discussion regarding how this medication improves his pain or functionality. MTUS guidelines require documentation of analgesia attributed to medications to substantiate continuation. In this case, no such documentation is provided. Therefore, the request is not medically necessary.