

Case Number:	CM15-0043318		
Date Assigned:	03/13/2015	Date of Injury:	07/04/1997
Decision Date:	07/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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 53-year-old female who reported injury on 07/04/1997. The mechanism of injury was not provided. The documentation indicated the injured worker had utilized NSAIDs since at least 10/2014. There was a Request for Authorization submitted for review dated 01/12/2015. The documentation of 01/12/2015 revealed the injured worker had complaints that her right shoulder was 20% worse and her left shoulder was 20% worse. The documentation indicated the injured worker had a 9/10 pain. The injured worker's right shoulder pain increased when she moved her arm frequently. The injured worker complained of an intermittent burning pain in the left shoulder rated a 7/10 that randomly came and went, and was increased with movement. The injured worker was utilizing Celebrex and indicated that Celebrex dropped her pain from a 9/10 to 10/10, to a 6/10 to 7/10. With the medication, the injured worker was able to play guitar. Relafen was causing GI pain. The injured worker indicated that additionally, she was utilizing nortriptyline 75 mg daily. The injured worker had a positive Neer and Hawkins test on the right shoulder and on the left shoulder. The injured worker underwent an MRI of the bilateral shoulders. The diagnoses included bilateral shoulder bursitis and impingement, and right shoulder biceps tenosynovitis. The injured worker was noted to be status post bilateral shoulder surgeries in 1998 and 1999, and a right shoulder surgery in 2002. The treatment plan included Mobic 7.5 mg #60 1 by mouth twice a day with 2 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and could play the guitar with the medication. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Mobic 7.5 mg #60 is not medically necessary.