

<b>Case Number:</b>	CM15-0051204		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/10/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on 5/10/2000. The current diagnoses are status post lumbar laminectomy at L4-L5 and narcotic dependency. According to the progress report dated 2/10/2015, the injured worker complains of severe back pain that radiates down his bilateral legs, particularly his left leg. Additionally, he reports severe left hip pain. The pain is rated 4/10 with medications and 10/10 without. With medications, he reports 50% reduction in pain and 50% functional improvement with activities of daily living. The current medications are MS Contin, Oxycodone, Mobic, Quinine Sulfate, and Flexeril. Treatment to date has included medication management, MRI, and surgical intervention. The plan of care includes Mobic and x-ray of the left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Mobic 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Mobic (meloxicam).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-72.

**Decision rationale:** The injured worker sustained a work related injury on 5/10/2000. The medical records provided indicate the diagnosis of status post lumbar laminectomy at L4-L5 and narcotic dependency. Treatments have included surgical intervention, MS Contin, Oxycodone, Mobic, Quinine Sulfate, and Flexeril. The medical records provided for review do not indicate a medical necessity for (1) Prescription of Mobic 15mg #30. Mobic is a Non-steroidal anti-inflammatory drug, which like other NSAIDs is recommended at the lowest dose for the short term treatment of moderate to severe pain. The records indicate the injured worker has been on this medication since 10/2014 without documented evidence of improvement. Also, there is no evidence the injured worker is being monitored for blood count, liver function and kidney function, as recommended by the MTUS for people on prolonged treatment with NSAIDs. The MTUS recommends that the physician should consider the use of other therapeutic modalities if the patient's progress is unsatisfactory with a particular form of treatment.