

<b>Case Number:</b>	CM14-0146458		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/25/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 69 year old woman with a date of injury of 7/25/03. She was seen by her primary treating physician on 8/4/14 with complaints of continued neck and low back pain. Her left hip was said to be feeling better and her left knee had ongoing pain. Her physical exam showed tenderness to palpation over left C5-6, C6-7 and left occiput and upper trapezius. She had limited and painful range of motion. Her lumbar spine was tender from L14-S1 and in her left posterior thigh. Her sensory exam showed decreased light touch sensation over the left 3rd - 5th toes. Her left knee was tender over the patellar tendon with slight effusion. She was ambulatory with a normal gait. Her diagnoses include cephalgia, cervical and lumbar spinespine strain/sprain with underlying degenerative disc disease, left upper trapezius and rotator cuff strain with mild impingement syndrome, left hip strain and left knee status post arthroplasty in 2007. At issue in this review is the prescription for Mobic which appears to be new and a substitute for Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Mobic 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

**Decision rationale:** The injured worker has chronic back and neck pain and extremity pain. Her medical course has included numerous diagnostic and treatment modalities including surgery and use of NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify ongoing use. Therefore, the request for one prescription of Mobic 7.5mg #30 is not medically necessary and appropriate.