

Case Number:	CM15-0006916		
Date Assigned:	01/26/2015	Date of Injury:	07/17/2012
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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 67-year-old male, with a reported date of injury of 07/17/2012. The diagnoses include head pain, cervical musculoligamentous strain/sprain, thoracic musculoligamentous strain/sprain, right shoulder strain/sprain, right shoulder tendinosis, rule out right shoulder impingement syndrome, right shoulder rotator cuff tear, neck pain and concussion with loss of consciousness. Treatments have included physical therapy, an MRI of the cervical spine on 08/07/2012, and oral pain medications. The doctor's first report of occupational injury or illness dated 12/18/2014 indicates that the injured worker complained of headaches, neck pain, back pain, right shoulder pain, dizziness, nausea, anxiety, and sleep problems. The objective findings included cervical spine tenderness to palpation at spinal processes C5-7; tenderness to palpation and spasm of the bilateral paraspinal muscle/bilateral trapezius muscles; decreased range of motion; positive compression test; thoracic spine tenderness to palpation; spasm and trigger points in the bilateral upper thoracic region, with decreased range of motion; right shoulder atrophy; tenderness to palpation anteriorly/posteriorly/laterally of the biceps muscle/deltoid muscle, rotator cuff muscles; decreased range of motion of the bilateral shoulders; positive Near test bilaterally; positive supraspinatus test of the right shoulder; and decreased motor strength in the right shoulder. The treating physician requested Mobic 15mg #60; however, no rationale was provided. On 12/31/2014, Utilization Review (UR) denied the request for Mobic 15mg #60, noting a lack of documentation that the injured worker presented with moderate-to-severe pain. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60-61.

Decision rationale: The 67 year old patient presents with neck pain, back pain, right shoulder pain, headaches, dizziness, anxiety, insomnia and nausea, as per progress report dated 12/19/14. The request is for MOBIC 15 mg # 60. The RFA for this request is dated 12/18/14, and the patient's date of injury is 07/17/12. Diagnoses, as per progress report dated 12/19/14, includes thoracic musculoligamentous strain/sprain, right shoulder strain/sprain, right shoulder rotator cuff tear, and R/O right shoulder impingement syndrome. MRI of the cervical spine, as per progress report dated 10/08/14, revealed moderate degenerative changes at multiple levels, more severe at C6-7. MRI of the right shoulder, as per progress report dated 10/08/14, revealed rotator cuff tear and labral tear. Current medications, as per the same progress report, include Tylenol and Ibuprofen. The patient is temporarily totally disabled, as per progress report dated 12/18/14. Regarding NSAIDs, MTUS page 22 state "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 p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Mobic is noted in progress report dated 12/19/14. Prior progress reports dated 10/8/14 and 01/25/13 document the use of Ibuprofen. None of the reports, however, discuss the efficacy of the NSAIDs in terms of improvement in function and reduction in pain. Nonetheless, the patient does suffer from severe chronic pain for which this class of medications is indicated. Hence, the patient can continue to use Mobic at the treater's discretion. The request IS medically necessary.