

Case Number:	CM15-0105462		
Date Assigned:	06/09/2015	Date of Injury:	06/16/2013
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60-year-old, male who sustained a work related injury on 6/16/13. He was holding a container weighing about 20-25 pounds in his hand when he suddenly slipped falling on to his left leg with right outstretched forward still holding the container. He felt immediate low back and neck pain. The diagnoses have included lumbosacral neuritis/radiculitis, lumbago and pain in knee joint, hypertension. Treatments have included physical therapy, medications and hot pack/ice therapy. In the Encounter Note dated 5/7/15, the injured worker complains of low back, right knee, right ankle and bilateral hip pain. He has radiculopathy in both legs. He reports increased pain and immobility since last visit. He reports increased bilateral leg radicular pain. He is not able to perform his activities of daily living independently. The pain medication allows for 50% reduction in pain symptoms and improves function. He has tenderness to palpation over lumbar paraspinal muscles overlying the facet joints and sacroiliac joints both sides. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 25mg tab everyday for 30 days with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Mobic 25mg tab everyday for 30 days with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDs for an extended period and has a history of hypertension. The request for continued Mobic is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Mobic is not medically necessary.