

Case Number:	CM15-0110061		
Date Assigned:	06/16/2015	Date of Injury:	08/09/2013
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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 was a 54 year old female, who sustained an industrial injury, August 9, 2013. The injured worker sustained the injury while lifting a 25 pound boxes of fish repetitively over the course of one day. The injured worker previously received the following treatments Tramadol, Advil, EMG (electrodiagnostic studies) showed no abnormalities. The injured worker was diagnosed with myofascial pain syndrome, low back pain, sacroiliac sprain/strain, lumbar radiculitis with clinical weakness of L4-L5 and normal EMG studies, suspect lumbar/lumbosacral degenerative disc disease and long term use of other mediations. According to progress note of April 16, 2015, the injured workers chief complaint was low back pain, band like across the lumbosacral area with more diffused pain that included lumbar paraspinals bilaterally and radiation occasionally to the bilateral mid posterior thighs. The physical exam noted the injured worker ambulated without an assistive device and normal. The range of motion was restricted in the lumbar spine with flexion and extension movements due to pain and guarding. The lumbar facet loading was positive. The straight leg raises were negative bilaterally. The internal rotation of the femur resulted in deep buttocks pain. The Faber test was positive on the left ankle jerk was 2/4 on both sides. Patellar jerk was 3 out of 4 on both sides. There was tenderness over the piriformis muscle on the left side. There was tenderness noted over the bilateral lumbar paraspinals and buttock. The treatment plan included a prescription for Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Mobic 7.5mg is not medically necessary and appropriate.