MAXIMUS Federal Services

Case Number:	CM15-0171576		
Date Assigned:	09/11/2015	Date of Injury:	04/29/2015
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii
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 49 year old male, who sustained an industrial injury on 04-29-2015. He has reported injury to the head, neck, and low back. The diagnoses have included trauma brain injury; cervical vertebrae fracture; post-traumatic myofascial pain syndrome; blurred vision; decreased hearing in right ear; cervical disc displacement; cervical sprain-strain; cervical radiculopathy; lumbar disc displacement; lumbar sprain-strain; lumbar radiculopathy; and status post irrigation, debridement, and closure of complex scalp laceration. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Mobic, Tylenol No. 3, Amrix, and Ambien. A progress report from the treating physician, dated 08-10-2015, documented an evaluation with the injured worker. The injured worker reported constant head and neck pain; the pain is associated with the headaches; the pain is moderate to severe, and rated at 8 out of 10 in intensity; the pain is aggravated by pushing and pulling activities; constant low back pain with radiation to the right hip; motor weakness in the lower extremity; the pain is described as a dull pain; the pain is moderate in severity, and rated at 7 out of 10 in intensity; the pain is aggravated by standing, walking, sitting, bending, and twisting activities; and he reports temporary benefit from medications. Objective findings included decreased cervical range of motion; tenderness and spasm present at the lumbar spine; and straight leg raising examination was positive on the right leg. The treatment plan has included the request for Mobic 7.5mg 1 tablet daily. The original utilization review, dated 08-26-2015, modified a request for Mobic 7.5mg 1 tablet daily, to Mobic 7.5mg, 1 tablet daily, #30, for a 30 day supply, due to the quantity not being provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg 1 tablet daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the head, neck, and low back with radiation to the right hip. The current request is for Mobic 7.5mg 1 tablet daily. The requesting treating physician report dated 9/15/15 (96B) states, "there has been approval for only one medication Mobic. So I recommend the patient to use Mobic for inflammation and pain and to continue." Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided show the patient has been taking Ibuprofen since at least 8/10/15 (86B). In this case, the current request may be medically necessary but a record of pain and function with the medication was not found in any of the medical reports provided for review. The current request does not satisfy the MTUS guidelines, as there is no documentation in the medical reports provided, of functional improvement or evidence of the medications efficacy in treating the patient's symptoms. Furthermore, the current request does not specify a quantity of Mobic to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.