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| Case Number: | CM15-0176770 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 05/10/2000 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/07/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on May 10, 2000. The injured worker was being treated for lumbar radiculopathy. Medical records (February 10, 2015 to July 28, 2015) indicate ongoing back pain radiating down the left leg, with burning and numbness. The injured worker reports his pain is decreased by 50% and his activities of daily living function improves with the use of medications. He reports he is unable to function without his medications. The medical records show the subjective pain rating shows no improvement from 9 out of 10 on February 10, 2015 to 9 out of 10 on July 28, 2015. The physical exam (February 10, 2015 to July 28, 2015) reveals an antalgic gait, inability to stand up straight, limited lumbar range of motion, no sensory loss in the left lateral calf and bottom of his foot, left thigh flexion and knee weakness, and absent left Achilles reflex. On June 15, 2015 a MRI of the lumbar spine revealed a tiny lateral recess protrusion at L5-S1 (lumbar 5-sacral 1) that exerts very mild mass effect upon the anterior aspect of the left S1 nerve root and postoperative changes at L4-L5 (lumbar 4-lumbar 5). Surgeries to date have included a lumbar laminectomy at L4-L5. Treatment has included off work, pain injections, and medications including long-acting pain (MS Contin), short-acting pain (Oxycodone immediate release), muscle relaxant (Flexeril), and non-steroidal anti-inflammatory (Mobic since at least October 2014). Per the treating physician (July 28, 2015 report), the injured worker will remain temporarily totally disabled. Per the treating physician (9/9/2015 report), the employee has not returned to work. On July 30, 2015, the requested treatments included Mobic 15mg #30. On August 7, 2015, the original utilization review non-certified a request for Mobic 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 15 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar laminectomy L4 - L5; narcotic dependency; constipation secondary to opiate use, stable with stool softeners; back spasms stable with prn Flexeril; and leg cramps and neurogenic claudication due to nerve injury stable with quinine prn. Date of injury is May 10, 2010. Request for authorization is July 30, 2015. According to a progress note dated October 20, 2014, current medications include Mobic 15mg, MS Contin and Flexeril. According to a July 28, 2015 progress note, subjective complaints include back pain that radiates to the left leg. Pain score is 4/10. Objectively, there is decreased range of motion lumbar spine. There are no other physical findings documented. The treating provider has prescribed Mobic in excess of 9 months without tapering. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation does not show any attempt at weaning. The utilization review #3019190 noncertified Mobic due to lack of functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation showing an attempt at weaning Mobic and no documentation demonstrating objective functional improvement, Mobic 15 mg #30 is not medically necessary.