

<b>Case Number:</b>	CM15-0092858		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old male, who sustained an industrial injury on October 23, 2012. Treatment to date has included Norco 7.5/325 mg as needed. The evaluating physician notes that he injured worker requires a chronic anti-inflammatory agent due to his lumbar facet inflammation and notes that the injured worker cannot tolerate Cox-1 inhibiting NSAIDS such as ibuprofen and Naprosyn. Currently, the injured worker complains of low back symptoms. On physical examination the injured worker has a positive sitting straight leg raise on the right and limited flexion and extension of the lumbar spine. He has diffuse tenderness to palpation over the lumbar spine and associated paraspinals. An MRI of the lumbar spine on 7/15/2014 revealed L3-L4 intraforaminal annular tear, L4-L5 disc bulge and mild to moderate bilateral neuroforaminal narrowing at L3-L4, L4-L5, L5-S1 and also L2-L3, L3-L4, L4-L5 and L5-S1 grade I retrolisthesis. An EMG/NCV revealed right L5 and possible left L5 radiculopathy. The Diagnoses associated with the request include multilevel annular tears at L4-S1, grade 1 retrolisthesis of L4-S1 and displacement of intervertebral disc without myelopathy. The treatment plan includes Mobic, Norco, and functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 7.5mg #45 with 2 refills:** Overturned

**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 (1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p72 Page(s): 68, 70.

**Decision rationale:** The claimant sustained a work injury in October 2012 and continues to be treated for chronic back pain. He has participated in a functional restoration program. The requesting provider documents tolerance of nonselective oral non-steroidal anti-inflammatory medications such as Naprosyn and ibuprofen. When seen he was having ongoing back pain. There was decreased lumbar spine range of motion with diffuse tenderness. He had positive straight leg raising. Mobic was prescribed. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. The claimant is being treated for both of these diagnoses. In this case, there is a history of intolerance to nonselective oral NSAID medications. Guidelines recommend prescribing a selective COX- 2 medication such as Mobic. The usual initial dose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. In this case, the dose prescribed is consistent with that recommended. The request is medically necessary.