

<b>Case Number:</b>	CM15-0094986		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 is a 58 year old female who sustained an industrial injury on 06/18/2003. Mechanism of injury occurred from a trip and fall and she pulled her right shoulder, neck and upper back. Diagnoses include severe right shoulder pain secondary to myofascial pain syndrome, and chronic neck pain with exacerbation secondary to cervical degenerative disc disease or myofascial pain syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, and trigger point injections. Medications include Mobic and Soma, Methadone, Soma, Lidoderm patch, and Colace. A physician progress note dated 04/16/2015 documents the injured worker complains of right shoulder and upper back pain. Palpation of the occipital area around the occipital nerve has no tenderness on the right. Palpation of the cervical paraspinal muscles elicits mild tenderness on the right with trigger points. She has mild tenderness on the right with trigger points. Sensation was intact to pinprick in the upper limbs bilaterally. Muscle strength is 5/5 in the upper extremities bilaterally. Cervical range of motion is painful. The treatment plan is for continuation of her home exercise program and a urine drug screen will be done with the next visit. She will continue on her medications. Treatment requested is for Mobic 15mg quantity unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**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 of June 2003 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Mobic 15mg quantity unspecified is not medically necessary and appropriate.