

Case Number:	CM15-0061546		
Date Assigned:	04/07/2015	Date of Injury:	04/27/2014
Decision Date:	05/06/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/01/2015

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: New York
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 30 year old female, who sustained an industrial injury on 04/27/2014. The injured worker is currently diagnosed as having cervicalgia, cervical disc syndrome, cervical myofasciitis, lumbar disc bulging, lumbar muscle spasms, and lumbar myofasciitis. Treatment to date has included lumbar spine MRI, cervical spine MRI, home aquatics program, and medications. In a progress note dated 02/12/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported requesting authorization for Meloxicam (Mobic), Robaxin, and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 30 year old female with an injury on 04/27/2014. She had a MRI of the cervical spine and the lumbar spine. She has neck pain and back pain. MTUS Chronic Pain guidelines note that NSAIDS should be used in the lowest dose for the shortest time. Long term treatment with NSAIDS is not recommended since these drugs are associated with an increased risk of GI bleeding, cardiovascular disease, renal disease and liver disease. Also, NSAIDS decrease soft tissue healing. Mobic 90 tablets is not medically necessary.

Robaxin 500 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 30 year old female with an injury on 04/27/2014. She had a MRI of the cervical spine and the lumbar spine. She has neck pain and back pain. MTUS Chronic Pain guidelines do not recommend long term treatment with muscle relaxants. The addition of muscle relaxants to NSAIDS do not provide any additional pain relief. Also, muscle relaxants decrease both mental and physical ability. Robaxin is not medically necessary.

Pain Medicine Consultation (89205): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188, 287 - 316 and Chapter 7 page 127.

Decision rationale: The patient is a 30 year old female with an injury on 04/27/2014. She had a MRI of the cervical spine and the lumbar spine. She has neck pain and back pain. There is no documentation of any red flag signs. There is no documentation of cervical or lumbar radiculopathy. There is no documentation that the patient requires any pain management invasive procedure. There is no documentation for the medical necessity of a pain management specialty consultation. The request is not medically necessary.