

<b>Case Number:</b>	CM13-0020802		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Thus far, the applicant has been treated with the following: Analgesic medications; prior left shoulder rotator cuff repair surgery; unspecified amounts of chiropractic manipulative therapy; and the apparent imposition of permanent work restrictions. It is not clearly stated whether the applicant has in fact returned to work or not, although it appears that she has. In a utilization review report of August 29, 2013, the claims administrator certified a request for Norco while denying the request for Protonix, Flexeril, and a urine drug screen. The applicant's attorney later appealed. An earlier handwritten progress report of August 20, 2013, is somewhat difficult to follow, is not entirely legible, is handwritten, and notable for comments that the applicant reports persistent neck, mid back, low back, and shoulder pain with associated anxiety and stress. The applicant exhibits stiffness about the injured body parts with diminished range of motion about the same. Numerous medications are refilled, including Norco, Protonix, and Flexeril. Urine drug screen is endorsed. The applicant is asked to continue home exercises. A behavioral health evaluation is endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear evidence of mention of active issues of dyspepsia, either NSAID induced or stand-alone. Therefore, the request is not certified.

**Flexeril 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using other analgesic medications, including Norco. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified.

**Urine Drug Screen (DOS: 8/20/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish a frequency or identify specific parameters to perform urine drug testing. As noted in the ODG Chronic Pain Chapter, urine drug testing topic, criteria for usage of urine drug testing include comments that an attending provider should clearly supply an applicant's complete medication list along with the request for authorization. The attending provider should also clearly state which drug test and/or drug panel that he intends to test for. Finally, the attending provider should also state how the test results would influence his treatment plan. In this case, the attending provider had not furnished any of the requisite documentation. As noted previously, the documentation on file was sparse, handwritten, and not entirely legible. The applicant's complete medication list and/or list of drug tests being sought were not specified or provided. Therefore, the request is not certified.