MAXIMUS Federal Services

Case Number:	CM13-0036947		
Date Assigned:	03/03/2014	Date of Injury:	03/29/2006
Decision Date:	04/15/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a patient with a date of injury of 3/29/06. A utilization review determination dated 10/15/13 recommends non-certification of Flexeril, a bilateral lumbar facet injection, and a urine drug screen. The patient is noted to have a history of L2-S1 laminectomy and fusion. 9/20/13 medical report identifies pain that "goes up and down, worse in the morning." On exam, there is tenderness over the lumbar facets bilaterally with positive lumbar facet loading maneuver and negative SLR bilaterally. Recommendations included refills of Norco, Flexeril, and Cymbalta, as well as bilateral lumbar facet injection. 10/16/13 medical report notes a request for bilateral L3 to S1 diagnostic medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #90: Upheld

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

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

Decision rationale: Regarding the request for Flexeril, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution

as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

1 BILATERAL LUMBAR FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, page(s) 300 and Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections)

1 URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Chronic Pain Guidelines (Opiates, steps to avoid m.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine drug screen, California MTUS does support the use of this testing for patients utilizing chronic opioid therapy. ODG supports urine drug screening approximately once a year for low-risk patients. Within the documentation available for review, there is documentation of frequent urine drug screening, but there is no documentation of current risk stratification suggesting a higher than low-risk patient to support the proposed frequency of testing. In light of the above issues, the currently requested urine drug screen is not medically necessary.