

<b>Case Number:</b>	CM14-0004249		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 32-year-old male who sustained an injury on 04/29/10 when he was involved in a motor vehicle accident. Per the reports the patient was rear ended by a work van and developed dizziness following the accident. The patient complained of neck pain and low back pain and shoulders. The patient was assessed with a closed head injury and neck and low back sprain/strain injuries. The treatment to date included physical therapy which was somewhat beneficial. The patient had prior lumbar surgery in April of 2013. As of 10/20/13, the patient described persistent low back pain with burning pain in the feet and neck pain radiated into the right scapula and right upper extremity. On physical examination, there was numbness and weakness in right C7 distribution. The patient performed heel and toe walking appropriately. Gait was normal. There was loss of lumbar range of motion with minimal lumbar tenderness to palpation. The patient had prior lumbar fusion from L3 to S1. The patient was recommended to continue with naproxen 550mg Ultram Norco and Fexmid 7.5mg at this evaluation. The clinical record from 12/02/13 noted continuing low back pain radiating to the lower extremities. The patient was continuing to receive physical therapy through this date. Physical examination demonstrated limited range of motion in the lumbar spine. Pain management consult from 11/05/13 noted continuing complaints of neck right shoulder low back and lower extremities symptoms. Pain score was rated 7/10 on visual analog scale (VAS). Physical examination demonstrated tenderness to palpation in the bilateral paraspinal lumbar musculature and cervical paraspinals. Straight leg raise was positive bilaterally left side worse than right. Urine drug screen was obtained at this visit for a qualitative drug screen. Recent evaluation from 03/10/14 by the provider noted persistent pain 7/10 in neck radiating to right scapular and into right upper extremity. Physical examination noted continued weakness and numbness in right C7 distribution. The patient could still heel and toe walk appropriately and there was minimal

lumbar tenderness to palpation. Decreased range of motion continued in the lumbar spine. The requested medications including Ultram 150mg quantity 60, Norco 10/325mg quantity 90, Fexmid 7.5mg quantity 60, and a urine drug screen were denied by utilization review on 12/20/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ULTRAM 150 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** The clinical documentation submitted for review did not clearly identify any substantial functional improvement or pain reduction obtained with this medication that would support its ongoing use. The pain scores remained relatively the same and there were no substantial changes on physical examination findings throughout the clinical record throughout the most recent clinical records. Given the lack of clinical documentation regarding any substantial functional improvement or pain reduction obtained with this medication, the request is not certified.

#### **NORCO 10/325 MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** The clinical documentation submitted for review did not clearly identify any substantial functional improvement or pain reduction obtained with this medication that would support its ongoing use. The pain scores remained relatively the same and there were no substantial changes on physical examination findings throughout the clinical record throughout the most recent clinical records. Given the lack of clinical documentation regarding any substantial functional improvement or pain reduction obtained with this medication, the request is not certified.

#### **FLEXMID 7.5 MG # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by MTUS guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not certified.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: PAIN CHAPTER, UDS.

**Decision rationale:** In regards to the request for a urine drug screen, the patient was already recommended for a qualitative urine drug screen of which no results were specifically documented. There was no other risk stratification available for review identifying elevated risks for diversion or aberrant medication use that would support further urine drug screens for this patient. As such, the request is not certified.