

<b>Case Number:</b>	CM14-0004255		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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, has a subspecialty in Spine Fellowship Trained 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:

According to the records made available for review, this is a 54-year-old male with a 10/25/10 date of injury, and L4-S1 laminectomy and fusion on 11/23/13. At the time (10/23/13) of request for authorization for retrospective urinalysis, retrospective Cyclobenzaprine, and retrospective Restone, there is documentation of subjective (low back pain and discomfort) and objective (tenderness in the lower lumbar spine, limited lumbar mobility, antalgic gait, and tenderness in the anterior thigh) findings. The current diagnoses include L4-S1 laminectomy and fusion, L4-S1 discopathy/herniated nucleus pulposus, and right knee internal derangement/medial meniscus tear. The treatment to date includes: medications including Norco, Cyclobenzaprine, and Restone since at least 7/3/13. Regarding the urinalysis, there is no documentation of abuse, addiction, or poor pain control. Regarding Cyclobenzaprine, there is no documentation of acute muscle spasm; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cyclobenzaprine use to date. Regarding Restone, there is no documentation of sleep problems, jet lag, anxiety, or depression and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Restone use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR URINALYSIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING, 43

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, ON-GOING MANAGEMENT, 78

**Decision rationale:** The Chronic Pain Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of a Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of L4-S1 laminectomy and fusion, L4-S1 discopathy/herniated nucleus pulposus, and right knee internal derangement/medial meniscus tear. In addition, there is documentation of a patient under on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the retrospective request for a urinalysis is not medically necessary.

**RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS(FOR PAIN), 63

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE, 41-42

**Decision rationale:** The Chronic Pain Guidelines indicate that Cyclobenzaprine is recommended for a short course of therapy. The MTUS-Definitions indicate that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines indicate that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of L4-S1 laminectomy and fusion, L4-S1 discopathy/herniated nucleus pulposus, and right knee internal derangement/medial meniscus tear. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 7/3/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the retrospective request for Cyclobenzaprine is not medically necessary.

**RETROSPECTIVE REQUEST FOR RESTONE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 86

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.DRUGS.COM/CDI/RESTONE.HTML](http://www.drugs.com/cdi/restone.html) AND THE TITLE 8, CALIFORNIA CODE OF REGULATIONS.

**Decision rationale:** MTUS-Definitions indicate that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identified documentation of sleep problems, jet lag, anxiety, or depression, as criteria necessary to support the medical necessity of Restone. Within the medical information available for review, there is documentation of diagnoses of L4-S1 laminectomy and fusion, L4-S1 discopathy/herniated nucleus pulposus and right knee internal derangement/medial meniscus tear. However, there is no documentation of sleep problems, jet lag, anxiety, or depression. In addition, given documentation of ongoing treatment with Restone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Restone use to date. Therefore, based on guidelines and a review of the evidence, the retrospective request for Restone is not medically necessary.