

<b>Case Number:</b>	CM14-0105467		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/09/2005
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 03/09/2005 caused by an unspecified mechanism. The injured worker's treatment history included surgery, medications and physical therapy. The injured worker was evaluated on 06/09/2014, and it was documented the injured worker complained of right shoulder pain with radiation to the right elbow, bilateral hand pain with numbness and tingling. The provider stated he had swelling to the left middle finger. On a pain intensity scale of 1 through 10 he rated his shoulder pain at a 4-5/10, his left hand at 6/10 and the right hand at 4/10. Objective findings were that there was tenderness noted over the anterior acromion of the right shoulder, active range of motion of the right shoulder revealed abduction/adduction 40 degrees, internal/external rotation 10 degrees, flexion was 90 degrees, and extension was 30 degrees. Diagnoses included status post right shoulder reconstruction and replacement. Medications included Norco 10/325 mg and Skelaxin 800 mg. The Request for Authorization dated for 06/09/2014 was for a urine drug screen, Norco 10/325 mg and Skelaxin 800 mg. The rationale for the urine drug screen was for medication compliance and for pain for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s) : 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance however there was no indication how long injured worker has been on opioids. The provider indicated the injured worker had previous conservative care measures; however, the outcome measurements were not submitted for this review. Given the above, the request for the urine drug screen is not medically necessary.

**Norco 10/325 mg. # 100 (Refills 3):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of opioids ACOEM Guidelines Page: 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 100 with 3 refills is not medically necessary.

**Skelaxin 800 mg. # 100 (Refills 3):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant & Skelaxin Page(s): 63-64.

**Decision rationale:** According California (MTUS) Chronic Pain Medical Guideline recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guideline

also state Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with Chronic LBP. Metaxalone, (marketed by King Pharmaceuticals under the brand name Skelaxin), is a muscle relaxant that is reported to be relatively non-sedating. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency, and duration of the medication. As, such, the request for Skelaxin 800 mg #100 is not medically necessary.