

Case Number:	CM14-0011661		
Date Assigned:	02/28/2014	Date of Injury:	08/14/2003
Decision Date:	07/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 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 patient is a 51-year-old female who has submitted a claim for lumbar spine sprain/ strain, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy associated with an industrial injury date of August 14, 2003. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 8/10 in severity. The pain was exacerbated by sitting, standing, bending, and stooping. The patient also has on and off right knee pain. Numbness of the legs was also noted. Physical examination showed tenderness over the paravertebral muscles and lumbosacral junction. Lumbar spine range of motion was limited, and pain was increased upon extension. Straight leg raise test increased low back pain. Yeoman's and Sacroiliac thrust test was positive on the left. Imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, lumbar facet block injections, bilateral sacroiliac joint injections, and the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 63-66.

Decision rationale: As stated on pages 63-66 of the California MTUS Chronic Pain Medical Treatment Guidelines, recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, as stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy, with its effect greatest in the first four days of treatment. In this case, the patient has been on cyclobenzaprine since July 2013 and it was reported to decrease her spasms and enables her to sleep better. A recent progress report dated January 13, 2014 states that the patient has increased activities of daily living and is able to perform home exercise with less pain with her medications. However, the progress report did not directly indicate relief of pain and functional improvement from cyclobenzaprine use. Furthermore, there was no documentation of failed NSAID treatment. Also, the use of cyclobenzaprine has exceeded the recommended duration of treatment. Therefore, the request for is not medically necessary.

A urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under ongoing opioid treatment. Also, stated in the MTUS guidelines, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. It is recommended at baseline, randomly at least twice and up to four times a year and at termination. Screening should also be performed for cause (e.g., provider suspicion of substance misuse). In this case, the documented rationale for the request was for toxicology compliance. The patient has been continually taking Tylenol #4, which contains the opioid codeine. The last urine drug screen was February 2013 as stated on a supplemental report dated March 18, 2014. A repeat drug screen at this time is reasonable since it meets guideline recommendation of at least twice a year. The medical necessity has been established.