

Case Number:	CM14-0017252		
Date Assigned:	04/14/2014	Date of Injury:	10/26/2011
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine, and is licensed to practice in New York. 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 44 year old man with a date of injury on 10/26/11. He is status post anterior cervical decompression and fusion of C4-5 and C5-6. He was seen by his primary treating physician on 1/13/14 after a right knee arthroscopy on 9/23/13. He had increased right knee pain on the lateral aspect with any weight bearing activity. He had increased pain with standing, walking and prolonged sitting. His physical exam showed normal gait with tenderness to palpation on the lateral joint line and at the insertion of the anterior tibialis and with McMurray's maneuver. His diagnoses were sprain of neck, history of right knee arthroscopy and rule out meniscal tear, right knee. At issue in this review is a urine drug screen and prescription for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Misuse/Addiction, On-Going Management Page(s): 94. Decision based on Non-MTUS Citation ODG 2013 (pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen 9792.20 - 9792.26 Page(s): 77-78.

Decision rationale: This injured worker has a history of chronic pain since 2011. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.

FLEXERIL 7.5MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The physician visit of 12/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. There is no spasm documented on physical exam. The medical necessity of Cyclobenzaprine is not supported in the records.