

Case Number:	CM14-0018165		
Date Assigned:	04/16/2014	Date of Injury:	04/01/2013
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation 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 injured worker is a 37 year old female who reported a right shoulder overuse injury on 04/01/2013. The clinical note on 08/13/2013 reported the first initial prescription for Flexeril. The clinical note on 11/27/2013 reported she had undergone her first round of acupuncture with some relief and there was some relief when she took her medication. However, the note does not specify her full medication list she was taking nor does it quantify her pain that remains in her neck or her pain level without taking the medication. In the submitted documentation the RFA for the requests was on 09/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: 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 Antispasmodics Page(s): 63-64.

Decision rationale: 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 (LBP). In most LBP

cases, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, the initial Flexeril therapy was documented on 08/13/2013 and has been used ever since. In addition, the request does not specify the dosage or the frequency. Moreover, the documentation failed to show details regarding the patient's outcome with use of this medication. The request for Flexeril is not medically necessary and appropriate.

URINE DRUG SCREEN: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends urine drug screens as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, maintenance of opioid levels during opioid therapy and aberrant use. The documentation does not support an indication of aberrant or illegal drug use, nor does it document adjunct opioid use with the documented treatment plan. The request for a urine drug screen is not medically necessary and appropriate.