

Case Number:	CM14-0134596		
Date Assigned:	08/29/2014	Date of Injury:	12/26/2013
Decision Date:	09/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine 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 43-year-old male with a date of injury of 12/26/2013. The listed diagnoses per [REDACTED] are: 1. Status post closed head injury with residual imbalance and headaches. 2. Chronic myofascial pain syndrome, cervical spine. 3. Cervical radiculopathy. 4. Right wrist sprain. According to progress report 07/15/2014, the patient presents with headaches, constant neck pain, and upper back pain. The patient also complains of pain in the left scapular area with numbness into the right upper extremity. Examination of the cervical spine revealed restricted range of motion in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapula, scalene, and infraspinatus muscles. Neck compression test was positive. The patient's medication regimen includes Percocet 10/325 mg, Norco, and Flexeril 10 mg. The treater is requesting "a repeat urine drug screen" and a refill of Flexeril 10 mg #30. Utilization review denied the request on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with neck, upper back, and left scapula area pain with numbness into the right upper extremity. The treater is requesting refill of Flexeril 10 mg #60 with 1 refill. The MTUS Guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. Review of the medical file indicates the patient has been prescribed this medication for long-term use. Recommendation is for denial.

Repeat Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG guidelines have the following regarding Urine Drug Screen:Criteria for Use of Urine Drug Testing.

Decision rationale: The treater is requesting repeat urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once-yearly urine drug screen is recommended following initial screening within the first 6 months. Review of the medical file indicates the patient was administered a drug screen in June of 2014. The treater is requesting a repeat screen without providing a rationale. ODG states once yearly screen is suffice for low risk patients. Given the patient already had a UDS in June, recommendation is for denial.