

<b>Case Number:</b>	CM14-0155897		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/28/1997
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 injured worker is a 59-year-old female who sustained an injury on May 28, 1997. She is diagnosed with (a) displacement of cervical intervertebral disc without myelopathy, (b) cervical post laminectomy syndrome, and (c) cervicgia. She was seen for an evaluation on June 11, 2014. She reported chronic pain and spasm of the neck with headaches and right upper extremity radicular pain. An examination of the cervical spine revealed tenderness of the trapezius, levator scapulae, and rhomboid. Range of motion was painful. Spurling's test was positive. There was decreased sensation noted over the bilateral C6 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDS (Urine Drug Screens):** Upheld

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

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

**Decision rationale:** The request for urine drug screen is not medically necessary at this time. From the reviewed medical records, urine drug screen was requested as part of pain management

agreement. However, it was also determined that the injured worker is not on opioid therapy. as she is not on any narcotic medications, the request is not medically necessary.

**1 Prescription of Flexeril 10mg, #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** It has been determined from the medical records that the injured worker has been taking Flexeril since February 2014. Long-term use of Flexeril is not recommended by guidelines. The request for Flexeril 10 mg #150 is not medically necessary at this time.

**1 Prescription Of Mobic 15mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic) Page(s): 61.

**Decision rationale:** Guidelines state that this medication is prescribed primarily for osteoarthritis. Based on the reviewed medical records, the injured worker does not have this condition. Hence, the request for Mobic 15 mg #60 is not medically necessary at this time.

**1 Prescription of Lidoderm Patch 5%, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Medical Records failed to establish the necessity of this medication. More so, topical formulation of this medication is indicated primarily for localized peripheral pain after evidence of failed trial of first-line therapy. Medical records failed to provide evidence that there was failure of first-line therapy to warrant the use of Lidoderm patch. The request for Lidoderm patch 5% #30 is not medically necessary at this time.