

<b>Case Number:</b>	CM14-0168869		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old male with a 12/24/11 date of injury. At the time (9/24/14) of request for authorization for Retrospective outpatient QW drug screen full panel drug screen and Retrospective Fexmid Cyclobenzaprine 7.5mg #60, there is documentation of subjective (ongoing low back pain with spasms and left lower extremity numbness and tingling) and objective (weakness on the left at L4 and L5, tenderness to palpation over the lumbar spine with spasms, and decreased lumbar range of motion) findings, current diagnoses (lumbar instability at L3-4 and L4-5 with spinal stenosis), and treatment to date (ongoing therapy with Tramadol, NSAIDs, and Cyclobenzaprine since at least 7/8/14 with decreased pain levels and improved activities of daily living). Medical report identifies a request for a urine drug screen. In addition, medical reports identify a urine drug screen performed on 7/7/14. Regarding Retrospective outpatient QW drug screen full panel drug screen, there is no documentation of abuse, addiction, or poor pain control; and that the patient is at "moderate risk" of addiction & misuse. Regarding Retrospective Fexmid Cyclobenzaprine 7.5mg #60, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective outpatient QW drug screen full panel drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of a diagnosis of lumbar instability at L3-4 and L4-5 with spinal stenosis. In addition, there is documentation of a request for a urine drug screen. Furthermore, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. In addition, given documentation of a urine drug screen performed on 7/7/14, there is no documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for retrospective outpatient QW drug screen full panel drug screen is not medically necessary.

**Retrospective Fexmid Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar instability at L3-4 and L4-5 with spinal stenosis. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Cyclobenzaprine with decreased pain levels and improved activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, there is no documentation of acute exacerbation

of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 7/8/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.