

<b>Case Number:</b>	CM14-0181143		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	07/08/2002
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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, 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 37-year-old female with a date of injury of 07/08/2002. The listed diagnosis includes chronic pain syndrome; cervical pain; headaches/facial pain; and neck pain. The medical file provided for review includes 1 progress report dated 07/30/2014. According to this report, the patient presents with "complaints of her whole entire body hurting both anterior and posterior." Quality of sleep is poor, averaging 2 hours of sleep. The patient is not working and reports no changes in activities daily livings (ADLs). She is taking her medications as prescribed and no medication abuse is suspected. The patient reports continued functional benefit with her pain medications but has reported that her current medication regimen is not sufficient enough to manage her pain. Pain is rated as 10/10 without medications and 4/10 with medications. Examination revealed tenderness noted at the paracervical muscles. Strength is 5/5 in all major muscle groups and sensation is intact to light touch and pinprick. Reflexes are equal and symmetric bilaterally in the upper and lower extremities. The patient's current medication regimen includes Lyrica 100 mg, Voltaren 1% gel, and Cymbalta 60 mg. Utilization review denied the request on 10/28/2014. The medical file provided for review includes one treatment report from 07/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Amrix 15mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting one prescription of Amrix 15 mg #30 with 2 refills. The MTUS Guidelines page 64 states Cyclobenzaprine (Flexeril, Amrix, Fexmid) is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, the treating physician has requested #30 with 2 refills. MTUS recommends using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. Therefore, this request is not medically necessary.

**1 urine toxicology screening:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screening

**Decision rationale:** This patient presents with chronic neck and low back pain. The request is for one urine toxicology screening. The patient's medication regimen includes Lyrica, Voltaren gel, and Cymbalta. There is no indication the patient is on opioid to warrant urine drug screening. While MTUS Guidelines do not specifically address how frequent urine drug screening (UDS) should be obtained from various risks of opiate users, Official Disability Guidelines (ODG) provides clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, due to the lack of documented opiate use, the requested UDS is not medically necessary.