

Case Number:	CM14-0023388		
Date Assigned:	05/12/2014	Date of Injury:	11/22/2013
Decision Date:	07/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 patient is a 28-year-old female with an 11/22/13 date of injury, from a slip and fall. 12/3/13 progress note described neck, back, and right shoulder pain. Clinically, there was tenderness in the thoracic or lumbar spine, normal range of motion with pain; and negative straight leg raising. There is tenderness in the right shoulder, normal range of motion, and negative provocative maneuvers. Treatment plan discussed medication use, including cyclobenzaprine. 1/7/14 progress note described right shoulder pain, neck pain, mid back, and low back pain. 6 Sessions of chiropractic treatment, naproxen, and Flexeril were requested. Pain levels were 7/10. Urinalysis and urine culture were requested due to ongoing urinary urgency, as well as stress incontinence. 4/23/14 progress note described ongoing 7/10 neck, shoulder, and low back pain. Clinically, there was tenderness to palpation in the cervical spine and lumbar spams, with tenderness. 5/7/14 Progress note described ongoing neck pain, right shoulder pain, and low back pain. CBT, acupuncture, and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLEXERIL 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 41, 181, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: Medical necessity for the requested muscle relaxant is not established. With a 2013 date of injury, duration of use is not entirely clear. There remain documented spasms in the lumbar spine, and continued efficacy has not been demonstrated. CA MTUS does not support the use of muscle relaxants for chronic pain management, recommending them as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. This has not been demonstrated. Without documentation of an acute exacerbation, the request is not substantiated.

1 URINE ANALYSIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care, Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances, (May 2009), pages 10, 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Coverage Determination (NCD) for Urine Culture, Bacterial (190.12), Benefit Category, Diagnostic Laboratory Tests.

Decision rationale: Medical necessity for the requested urine analysis is established. Urinalysis and urine culture were requested due to ongoing urinary urgency, as well as stress incontinence. National Coverage Determination (NCD) for Urine Culture, Bacterial indicates that a urine analysis may be indicated when a patient has clinical signs and symptoms indicative of a possible urinary tract infection (UTI). Acute lower UTI may present with urgency, frequency, nocturia, dysuria, discharge or incontinence. The patient was noted to have urgency, frequency, and incontinence. It is medically reasonable that a urine analysis is performed.