

<b>Case Number:</b>	CM14-0040752		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Texas and Florida. 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 was injured on 9/20/2012. The diagnoses are neck sprain, head contusion, thoracic spine pain, low back pain, bilateral shoulders, right knee and right ankle pain. There was associated history of gastrointestinal upset with the use of NSAIDs. The 2013 MRI of the lumbar spine showed multilevel disc bulges and facet arthrosis. On 2/17/2014, [REDACTED] noted subjective complaints of episodic bilateral lower extremity radicular pain. On 4/7/2014, there was subjective complaint of 7-9/10 pain score on a scale of 0 to 10. The objective findings were positive Spurlings sign, and decreased range of motion of the cervical and lumbar spine. It was recommended that the patient start physical therapy. The medications are Motrin and Tramadol for pain, Flexeril for muscle spasm and Prilosec for the prevention and treatment of NSAID induced gastritis. A Utilization Review determination was rendered on 3/1/2014 recommending non certification for UDS, Flexeril 7.5mg #180, Prilosec #120, Tramadol #90, Pain Management Consult and Neurosurgical Consult for lumbar spine

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Toxicology.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 42-43, 74-80.

**Decision rationale:** The CA MTUS recommend that random UDS be done for monitoring of chronic opioid treatment. The records indicate that the patient is not on chronic pure opioid agonist therapy. There are no reports of aberrant drug behaviors. The criteria for Urine Toxicology Screen were not met.

**Flexeril #180:** 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): 41-42.

**Decision rationale:** The CA MTUS recommend that the use of muscle relaxants to short term treatments during periods of exacerbations of chronic musculoskeletal pain. The record indicates that the patient has been utilizing Flexeril more than the recommended maximum periods of 4 weeks. The chronic use of muscle relaxants is associated with sedation, addiction and interaction with other sedatives. The use of Flexeril 7.5mg #180 was not met.

**Prilosec 20mg #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic Non-Steroidal Anti-inflammatory Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

**Decision rationale:** The CA MTUS recommend that proton pump inhibitors can be utilized in the prevention and treatment of NSAIDs induced gastritis. The records indicate that the patient has a history of gastrointestinal upset from chronic NSAIDs treatment. The criteria for the use of Prilosec 20mg #120 were met.

**Tramadol #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111,113,119.

**Decision rationale:** The CA MTUS recommend that opioids could be utilized during periods of exacerbation of chronic pain that did not respond to NSAIDs and PT treatments. The records

indicate that the patient is experiencing a flare up of the chronic pain. There is increased pain, muscle spasm and decreased range of motion. A Consultation with Specialists is awaiting authorization. The criteria for the use of Tramadol #90 were met.

**Pain Management Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89, 127.

**Decision rationale:** The CA MTUS recommend that a referral to a Specialist may be utilized in the diagnosis of extremely complex conditions or when the patient can benefit from additional expertise. The records indicate that the patient have radiological findings that are treatable with interventional pain procedures. The patient is being referred for possible epidural steroid injection to treat worsening lumbar radiculopathy. The criteria for Pain Management Consult were met.

**Neurosurgical consult for lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89,127. Decision based on Non-MTUS Citation ODG- Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG recommend that a referral to a Specialist may utilize in the diagnosis of extremely complex conditions or when the patient can benefit from additional expertise such as surgical options. The records indicate that the patient have already been evaluated by 2 Orthopedic surgeons for possible surgical procedures. The patient is being referred for possible epidural steroid injection to treat lumbar radiculopathy. The indication for surgery is failure of conservative treatments and minimally invasive procedures. The criteria for Neurosurgical Consult for the lumbar spine were met.