

<b>Case Number:</b>	CM14-0057803		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/26/1994
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 62-year-old male was reportedly injured on January 26, 1994. The mechanism of injury was noted as being hit in the head with a sledge hammer. The most recent progress note, dated April 1, 2014, indicated that there were ongoing complaints of neck pain, right upper extremity pain, and headaches. Previous relief was noted with previous cervical spine epidural steroid injections with 70% to 80% relief for nine months. Cervical epidural steroid injections were provided annually. The physical examination demonstrated tenderness over the cervical spine on the right greater than left side. There was a positive Spurling's test to the right side. Upper extremity neurological examination noted decreased sensation on the right C6 and C7 dermatomes. There was a refill of current medications including cyclobenzaprine and Norco. Diagnostic imaging studies reported a solid fusion and a C3-C4 disc protrusion. Previous treatment included cervical spine fusion at C4-C5 and C5-C6, home exercise, the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, and a cervical spine epidural steroid injection. A request was made for cervical spine epidural steroid injection, cyclobenzaprine, Flexeril, and the urine drug screen was not certified in the pre-authorization process on April 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-tcw.com/odgtwc/neck.htm>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, current research does not support a series of three injections in either the diagnostic or therapeutic phase. No more than two epidural steroid injections are recommended. According to the available medical record, the injured employee was receiving cervical spine epidural steroid injections on an annual basis. Therefore, this request for a cervical spine epidural steroid injection is not medically necessary.

**Cyclobenzaprine (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain for other preferred options.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113 OF 127.

**Decision rationale:** Flexeril (Cyclobenzaprine) is a muscle relaxant. The California Chronic Pain Medical Treatment Guidelines state that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The available medical record did not indicate that the injured employee was having any exacerbations of low back pain nor were there any muscle spasms noted on physical examination. For these reasons, this request for cyclobenzaprine is not medically necessary.

**Flexeril (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain for other preferred options.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113 OF 127.

**Decision rationale:** Flexeril (Cyclobenzaprine) is a muscle relaxant. The California Chronic Pain Medical Treatment Guidelines states that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The available medical record did not indicate that the injured employee was having any exacerbations of low back pain, nor were there any muscle spasms noted on physical examination. For these reasons, this request for cyclobenzaprine is not medically necessary.

**Retro drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Drug testing Page(s): 43 OF 127.

**Decision rationale:** The California MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. According to the most recent progress note dated April 1, 2014, there was no evidence of this. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for a urine drug screen is not medically necessary.