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| Case Number: | CM14-0061776 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 08/04/1994 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 05/03/2014 |

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 Occupational 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 55-year-old female who has submitted a claim for chronic pain syndrome associated with an industrial injury date of 08/04/1994. Medical records from 2014 were reviewed. The patient complained of chronic myofascial pain involving the neck and bilateral upper extremities. Electrodiagnostic studies are positive for carpal tunnel syndrome on the left. Physical examination results were not included in the medical records submitted. Treatment to date has included right wrist surgery, opioid analgesics and muscle relaxant since 2011. Utilization review from 03/31/2014 denied the request for Fexmid 7.5mg because there is no documentation of medical necessity submitted to justify long term administration of muscle relaxants. The request for Urine Drug Screening was also denied because there is no evidence to confirm that the patient is at high risk for addiction, has a history of aberrant behavior or has history of substance dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg: Upheld

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 Muscle Relaxants Page(s): 41-42.

Decision rationale: As stated on page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, the patient has been having chronic pain for 14 years to date. The patient was prescribed muscle relaxant since 2011. Use of medication is beyond guideline recommendation. Furthermore, quantity to be dispensed is not specified. The request is lacking. Therefore, the request for Fexmid 7.5mg is not medically necessary.

Urine 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 89, 94.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, medical records did not show any documentation of behavior or symptoms suggestive of misuse of prescription medication. Furthermore, a urine drug screen done last 03/05/2014 did not show misuse/addiction of prescribed medications. There is no indication for urine drug screen in this case. Therefore, the request for URINE TOXICOLOGY TESTING is not medically necessary.