

Case Number:	CM14-0062946		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2009
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old male who reported an injury on 04/06/2009. The mechanism of injury was not provided for the clinical review. Diagnoses include sacroiliitis or sacroiliac joint disorder, headache, bilateral carpal tunnel syndrome, chronic pain syndrome, pain medication management, and cholesterol disorder. Previous treatments included medication, x-rays, physical therapy, and TENS unit. Within the clinical note dated 04/18/2014, it was reported the injured worker complained of pain in the cervical spine area and lumbar spine area. He reported his neck was cracking more often. Upon the physical examination, the provider noted the injured worker to have trigger points at the suboccipital muscle insertions on the left, bilateral tenderness presents diffusely. The range of motion was mild in all directions with no pain with neck movement. The injured worker had an absent Lhermitte's sign. Upon examination of the thoracic spine, the provider noted the injured worker had no tenderness and normal range of motion. Upon examination of the lumbar spine, the provider noted trigger points at the outer quadrant of the buttock, paraspinal muscle tenderness present. The request submitted is for a urine drug screen, Flexeril, ibuprofen. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 04/14/2014 and 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug tests 4 times per year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for a urine drug test 4 times per year is not medically necessary. The California MTUS Guidelines recommend urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. There is lack of documentation indicating when the injured worker previously had a urine drug screen performed. Therefore, the request is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Flexeril is medically not necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note that this medication is not recommended to be used for longer than 2 or 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the dosage of the medication. The request as submitted failed to provide the quantity of the medication. The provider failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guideline recommendations of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for ibuprofen is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shorter

period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. The request as submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the dosage of the medication. The request as submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.