

<b>Case Number:</b>	CM14-0063816		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 injured worker is a 47-year-old male with a reported injury on 03/07/2011. The mechanism of injury was not provided. His diagnoses included lumbar spine disc herniation multilevel, lumbar spine radiculopathy with referred pain to the lower extremities bilaterally, lumbar myospasm, right knee internal derangement, post-operative right knee x2, left knee internal derangement, post-operative left knee x1, insomnia secondary to pain, and depression secondary to chronic pain. The injured worker has had previous treatments including physical therapy, medications, a home exercise program, chiropractic therapy, and bracing of the knees. The injured worker had an examination on 06/17/2014 for complaints of lumbar spine pain, which he rated 10/10. He described his pain as burning, sharp, and shooting radiating to the bilateral legs and into the toes with numbness and tingling. The injured worker reported that he needed assistance while he was sitting, standing, and performing exercises. He stated that he was unable to bend forward, to walk for long periods of time, to stoop, squat, sit, and stand for long periods. He was also unable to twist, walk, kneel, turn, carry, climb, pull, push, and lift because of his pain. The injured worker's seated straight leg raise on the right was 60 degrees and on the left it was 70 degrees. While lying, his straight leg raise was 50 degrees on the right and 60 degrees on the left. Lateral bending of the lumbar spine was 20 degrees on the right and 15 degrees on the left, flexion was 80 degrees bilaterally, and extension was 10 degrees bilaterally. The injured worker's list of medications included Flexeril, Percocet, and Protonix. The recommended plan of treatment was for the injured worker to continue his home exercise program and stretches, and to get refills of his Flexeril, Percocet, and Protonix. The Request for Authorization and rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testing urine toxicology screening, date of service, 3/11/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of drug screening for issues of abuse, addiction, poor pain control, also for monitoring and documentation for the patients that are taking opioids to determine the occurrence of any potentially aberrant and non-adherent related behaviors. There is not a drug test that was available for reviewing and there is a history of long-term opioid use. He has been prescribed Norco since at least 07/10/2013 and he was prescribed Percocet previous to that. There is a lack of documentation indicating when a urine drug screen was last performed as well as the results of the prior urine drug screening. As such, the request for testing urine toxicology screening, date of service, 3/11/2014 is not medically necessary.

**Flexeril 10MG, 60 count.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also state that muscle relaxants in most low back pain cases can show some benefit, but there is no benefit beyond NSAIDs in pain and overall improvement. Flexeril is recommended for a short course of therapy, for 2 to 3 weeks. Recommended dosing of the Flexeril is 5 mg 3x a day, but it can be increased to 10 mg 3x a day. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was no evidence of spasms upon examination. The injured worker has been prescribed this medication since at least 09/2013. The request for continued use of this medication would exceed the guideline recommendation for a short course of treatment. Additionally, the request does not indicate the duration and frequency. There is no evidence to support the amount of 60 pills without further evaluation and assessment. Therefore, the request for the Flexeril 10 mg is not medically necessary.

**Protonix 40MG, 30 count.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence provided that the injured worker has a history of peptic ulcer, gastrointestinal bleed or perforation. There is no indication that the injured worker is concurrently using aspirin, corticosteroids, or anticoagulants. There is no evidence that the injured worker is prescribed an NSAID. The injured worker did not have any complaints of gastrointestinal issues and there is no documentation indicating the presence of gastrointestinal issues. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Protonix 40 mg is not medically necessary..