

<b>Case Number:</b>	CM14-0067322		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Management 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:

According to the records made available for review, this is a 34-year-old male with a 1/7/10 date of injury. At the time (3/10/14) of request for authorization for Fexmid, 7.5 mg, #60 and urine drug screen, there is documentation of subjective (low back pain) and objective (mild numbness and weakness on the right at L5 and S1 distribution, tenderness to palpitation over the lumbar spine, and decreased range of motion of the lumbar spine) findings. The current diagnoses are lumbar spine strain and herniated nucleus pulposus at L4/5 and L5/S1. The treatment to date includes ongoing treatment with Tramadol since at least 12/12/13. Medical reports identify multiple urine drug screens. Regarding Fexmid, 7.5 mg, #60, there is no documentation that Fexmid used as second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations of chronic low back pain. Regarding Urine drug screen, there is no documentation of opioid abuse, addiction, poor pain control or the patient being at "moderate risk" of addiction and misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Fexmid, 7.5 mg, #60 (DOS: 03/10/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. Official Disability Guidelines identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain and herniated nucleus pulposus at L4/5 and L5/S1. However, despite documentation of low back pain there is no documentation of acute low back pain or acute exacerbations of chronic low back pain. In addition, there is no documentation of Fexmid used as a second line option. Furthermore, given documentation of a request for Fexmid 7.5 mg, #60, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5 mg, #60 is not medically necessary.

**Retrospective: Urine drug screen (DOS: 03/10/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Official Disability Guidelines supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses lumbar spine strain and herniated nucleus pulposus at L4/5 and L5/S1. In addition, there is documentation of ongoing treatment with Tramadol. However, given documentation of records reflecting prescriptions for Norco since at least 12/13/13, there is no documentation of opioid abuse, addiction, or poor pain control. In addition, given documentation of multiple urine drug screens, there is no documentation of the patient being at "moderate risk" of addiction and misuse. Therefore, based on guidelines and a review of the evidence, the request for Urine drug screen is not medically necessary.