

Case Number:	CM14-0069805		
Date Assigned:	07/14/2014	Date of Injury:	09/27/2010
Decision Date:	09/30/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 53 year old male with a date of injury of 09/27/2010. While digging a hole he had to lie down on his stomach. He got up and lost his balance and grabbed a digging bar. He then had neck pain, back pain, left knee pain and right upper extremity pain because of a jerking movement. There was no fall or trauma. He retired as of 08/31/2012. (This history is from a 10/23/2013 note). He takes Norco, Prilosec and Prozac. He had right shoulder surgery in 1997. He had gastric bypass surgery in 2004. He also had an abdominal hernia repair 6 years ago. He also has urine drug screens. He has a listed diagnosis of chronic low back pain and nociceptive pain. On 04/26/2011 he had a polysomnogram. Total sleep time was 210.5 minutes. REM sleep was 22.1% of the total sleep time. Sleep latency was 28 minutes. There were no apneas. There were 22 hypopneas. The AHI was 6.3 (normal is 0 - 5). The usual criteria for the medical necessity of CPAP is an AHI of 15 or greater but despite this CPAP was prescribed for mild sleep apnea. The recent notes in 2014 are hand written and difficult to interpret.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Anti-spasmodics Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: Fexmid is Cyclobenzaprine, a muscle relaxant. MTUS Chronic Pain Medical Treatment Guidelines note under Cyclobenzaprine, "Recommended for a short course therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." It also states that the greatest effect appears to be during the first four days of treatment. The maximum period of treatment is 2 to 3 weeks. The patient has been taking Cyclobenzaprine for many months and continued chronic use is not consistent with MTUS guidelines as noted above. The listed discussion of the urine screening on 03/17/2014 is simply a statement of the results of the test and is completely not medically necessary. There is no service provided for simply listing the results of the 03/17/2014 urine test. On 06/04/2014 the PR-2 report indicated that the patient was a maintenance worker who had chronic back pain. On 04/25/2012 he had left knee arthroscopic surgery. He was to continue his home exercise program. The request is not medically necessary.

Review of Medical Records and Discussion in a Report: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: There are no appropriate MTUS guidelines. Permission is not required to submit a review of the medical records and a discussion. This is part of routine care for internal medicine and all specialties. The medical information obtained during current office visits is compared to the previous record during every office visit. However, there is no guideline or approval needed to decide when the provider has the need to summarize his file. However, the summary of the file is not a medically necessary service to manage the patient. It may be deemed necessary by the patient's legal representative but it is not medically necessary.

Review of Urine Drug Screen Results and Preparation of a Narrative Report to Discuss Findings: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: There are no appropriate MTUS guidelines for when a report is needed to discuss results of testing. Random drug screening has been approved. The results of the drug screen notes the class of drugs that are positive and negative. A simple presentation or listing of

the dates and results are part of regular patient care for ordering tests. Drug screening results as is the case for all lab tests are reviewed as the results are made available. Otherwise there is no purpose to order tests if the results are not used to treat the patient. There is no documentation that a specific narrative report is needed to discuss the results of the drug screens and this is the same for any lab results. There is no documentation that a specific narrative is needed to discuss radiology reports or other lab tests. The request is not medically necessary.