

<b>Case Number:</b>	CM14-0092477		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 09/17/2010, which the mechanism of injury was not provided. On 07/29/2014, the injured worker presented with debilitating thoracolumbar pain, mostly axial in nature and worse in extension and facet loading. Upon examination of the cervical spine, there was tenderness to palpation to the posterior cervical spine musculature, trapezius, medial scapular, and suboccipital region. There were multiple trigger points and taught bands palpated throughout. There was 2+ deep tendon reflexes in the biceps, triceps, and brachioradialis and 5/5 motor strength in the bilateral shoulders and bilateral elbows and bilateral wrists. Diagnoses were cervical myoligamentous injury with right upper extremity radicular symptoms and lumbar myoligamentous injury. Prior therapies included ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. The provider recommended Naproxen, Xanax, and a urine drug screen; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** California MTUS Guidelines recommend the use of NSAIDs for injuries with osteoarthritis, including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injuries with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. A Complete and adequate pain assessment of the injured worker was not provided. Additionally, the efficacy of the prior use of Naproxen was not provided. The frequency of the medication was not provided in the request as submitted. As such, the request for Naproxen 550 mg #120 is not medically necessary and appropriate.

**Xanax ER 0.5 mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** California MTUS Guidelines do not recommend the use of Benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. The provider's request for Xanax ER 0.5 mg with a quantity of 45 exceeds the guideline recommendation for short term therapy. There was a lack of efficacy of the medication documented to support continued use and the frequency was not provided in the request as submitted. Therefore, based on the documents provided, the request for Xanax ER 0.5 mg #45 is not medically necessary and appropriate.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78, 94.

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

**Decision rationale:** California MTUS recommends a urine drug test as an option to assess the 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 had any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear as

to when the last urine drug screen was performed and there is no evidence of opioid use. As such, the request for a Urine Drug Screen is not medically necessary and appropriate.