

<b>Case Number:</b>	CM14-0172127		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Georgia. 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 23 year old male presenting with a work related injury on 10/4/2013. The injured worker is status post left extensor tendon repair on 10/4/2013. The injured worker has tried post-operative physical therapy. The most recent note on 03/25/2014 states that the injured worker was treated with tendon reconstruction and has been working with and therapy doing desensitization and range of motion exercises. According to the medical records injured worker's medications include hydrocodone - acetaminophen, and ibuprofen. The injured worker also uses marijuana. The physical exam was significant for decreased sensation in the radial nerve distribution in the hand, some sensation and distribution of the media nerve, some sensation in the distribution of the ulnar nerve, and wrist extensors/anger extensor tight causing some inability to bring wrist into flexion. The injured worker was diagnosed with complex regional pain syndrome secondary to radial sensory nerve injury, possibly with other damage structures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spamodics Page(s): 66.

**Decision rationale:** Flexeril 7.5mg is not medically necessary. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed without clear limitations of usage and in combination with other medications and substances for example hydrocodone and THC. The request for Flexeril is therefore, not medically necessary.

**Urine Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 99.

**Decision rationale:** The request for Urine Screen is medically necessary. Per CA MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. According to the medical records on 3/25/2014 the claimant is on an opioid. Hydrocodone/APAP is a medication that can be abused. The previous UR decision was made because it was noted that he was not on opioids which is not accurate; therefore the requested services is medically necessary.