

Case Number:	CM14-0196520		
Date Assigned:	12/04/2014	Date of Injury:	04/01/2008
Decision Date:	01/22/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 1, 2008. In a utilization review report dated October 22, 2014, the claims administrator denied a request for Flexeril and denied a urine toxicology screen. The claims administrator alluded to the applicant as having had a prior lumbar spine surgery and further stated that his decision was based on a September 29, 2014 progress note. The applicant's attorney subsequently appealed. In a progress note dated February 20, 2014, the applicant reported ongoing complaints of low back pain status post earlier lumbar fusion surgery with derivative complaints of depression, anxiety, and insomnia. Ancillary complaints of headaches were also noted. The applicant had not worked in a year and a half. The applicant was given refills of Norco and Motrin. Work restrictions were endorsed which were, in effect, resulting in the applicant's removal from the workplace. On April 8, 2014, Norco, Soma, and Cymbalta were prescribed. On March 5, 2014, Norco, Soma, Cymbalta, and lumbar magnetic resonance imaging (MRI) imaging were sought owing to heightened pain complaints. On May 12, 2014, the applicant again reported ongoing complaints of low back pain, highly variable, ranging from 6/10 to 9/10. The applicant was not working. Tylenol No. 3 and Flexeril were endorsed. The attending provider stated that he was attempting to switch the applicant off of Norco. On June 6, 2014, Norco and Flexeril were again renewed owing to ongoing complaints of low back pain. The applicant again reported persistent low back pain worsened by lifting and bending with derivative complaints of worsening anxiety and psychological stress. On September 12, 2014, the applicant again reported ongoing complaints of low back pain. Topical compounded medications were endorsed. The applicant was not working, it was acknowledged. The applicant was using Norco and Flexeril for pain relief, it

was noted as of this point in time. Flexeril was again renewed. Drug testing was sought. The applicant's complete medication list, however, was not seemingly attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant appears to be using a variety of other agents, including Norco and Tylenol No. 3. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the applicant has been using cyclobenzaprine for several months, seemingly well beyond the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing Topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG's Chronic Pain Chapter, it is incumbent upon an attending provider to clearly state when an applicant was last tested, attach an applicant's complete medication list and a request for authorization for testing, attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and/or quantitative testing outside of the emergency department in a drug overdose context. In this case, however, the attending provider did not state when the applicant was last tested. The applicant's complete medication list was not attached. The attending provider did not specify which drug testing and/or drug panels he intended to test for. Therefore, the request was not medically necessary.

