

Case Number:	CM14-0205735		
Date Assigned:	12/17/2014	Date of Injury:	04/01/2001
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab 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 patient is a 73-year-old female who sustained a work injury on 4/1/01. Records indicate she is status-post right rotator cuff repair. The attending physician report dated 8/19/14 (10) indicates level 7/10 pain in the neck and upper back. She denies any new injuries. Physical examination reveals moderate restriction in cervical rotation and mild restriction in cervical flexion and extension. Tenderness is noted in the left paraspinals and trapezius. The current diagnoses are: 1. 2 mm herniated nucleus pulposus of the cervical spine 2. Status=post right shoulder cuff repair 3. Mild De Quervain's tenosynovitis The utilization review report dated 12/03/14 denied the request for Urine Drug Screen at next office visit, Flexeril 10 mg #90, and Ambien 5 mg #30 based upon lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen at next office visit: 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 Official Disability Guidelines (ODG) Pain chapter, Urine Drug Testing

Decision rationale: The patient is suffering chronic pain in the neck and upper back. The current request is for a Urine Drug Screen (UDS) next office visit. Regarding UDS, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users. ODG provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, there are no records available that document the patient is taking any controlled substances. There were no discussions regarding the patient's adverse behavior with opiates use. The treating physician does not explain the indication for UDS testing. There is no discussion regarding this patient's opiate use risk. Furthermore, ODG guidelines states "Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. MTUS does not support random or nonrandom UDS to the commencing of treatment with opioids. There is no discussion that the patient is going to start taking opioids. As such, the request is not medically necessary.

Flexeril 10mg Qty 90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

Decision rationale: The patient is suffering chronic pain in the neck and upper back. The current request is for Flexeril 10 mg #90 with 2 refills. Flexeril (cyclobenzaprine) is a muscle relaxer. The MTUS guidelines state the muscle relaxants are recommended for short term use only. Page 64 MTUS guidelines clearly state that cyclobenzaprine is not recommended to be used longer than 2-3 weeks. In this case, the attending physician has requested 2 refills. Therefore the request is not supported by the guidelines.

Ambien 5mg Qty 30 with 2 Refills: 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 Official Disability Guidelines (ODG) Zolpidem (Ambien)

Decision rationale: The patient is suffering chronic pain in the neck and upper back. The treating physician report dated 11/18/14 does not provide any documentation of complaints or diagnosis of sleep disorder. Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The current request exceeds the ODG guidelines and there is no documentation to support the request. As such, the request is not medically necessary.