

Case Number:	CM14-0207386		
Date Assigned:	12/19/2014	Date of Injury:	02/12/2014
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 injured worker (IW) is a 52-year-old woman with a date of injury of February 12, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right shoulder impingement syndrome; partial thickness rotator cuff tear, right shoulder; cervical thoracic spine myoligamentous sprain/strain; cervical this protrusion C5-C6 and C6-C7; and left elbow sprain. Pursuant to the progress note dated October 14, 2014, the IW presents for persistent shoulder pain, neck and low back pain. She has completed 8 sessions of physical therapy. Objectively, there is no tenderness to direct palpation over the cervical spinous processes. There is tenderness without spasms in the cervical paravertebral muscles, upper trapezius, and interscapular/dorsal spine region. Sensation is intact in the upper extremities. Bilateral shoulder examination reveals no pain with palpation. Examination of the lumbar spine reveals slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles. With direct palpation, there is no generalized tenderness in the lumbar spine. There is no tenderness in the bilateral sciatic notches, or sacroiliac joints. Current medications include Flexeril 7.5mg, and Naproxen 550mg. The IW has been taking Flexeril 7.5mg since June 24, 2014. There is no evidence of objective functional improvement associated with the use of Flexeril. The documentation contains a urine drug screen dated July 23, 2014. There is no discussion in the medical record as to whether the IW was a low risk, intermediate or high risk for drug misuse or abuse. The documentation does not contain any aberrant drug-related behavior. There was no discussion regarding the urine drug screen from July 2014 and whether the results were consistent or inconsistent. The current request is for Flexeril 7.5mg # 90, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 7.5mg (DOS: 10/14/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 date service October 14, 2014 is not medically necessary. Muscle relaxants are indicated as a second line options for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appeared to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; partial thickness rotator cuff tear, right shoulder; cervical thoracic spine myoligamentous sprain/strain; cervical this protrusion C-5 - C6 and C6 - C7; and left elbow sprain. The documentation pursuant to an October 14, 2014 progress note indicates there was no muscle spasm in the lumbar spine paraspinal muscle groups. Flexeril first noted in a progress note dated June 24, 2014. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain. There is no documentation of acute low back pain and the treating physician has exceeded the recommended guidelines of less than two weeks treatment duration. Consequently, absent clinical documentation to support the ongoing use of Flexeril and guideline recommendations for short-term (less than two weeks) use, Flexeril 7.5 mg date of service October 14, 2014 is not medically necessary.

Retrospective request for Urine drug screen (DOS: 10/14/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen date of service October 14, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered a version of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing to determine whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk should be tested within six months of initiation of therapy and a yearly basis thereafter. In this case, the injured

worker's working diagnoses are right shoulder impingement syndrome; partial thickness rotator cuff tear, right shoulder; cervical thoracic spine myoligamentous sprain/strain; cervical this protrusion C-5 - C6 and C6 - C7; and left elbow sprain. The documentation contains a urine drug screen dated July 23, 2014. There is no discussion in the medical record as to whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. The documentation does not contain any aberrant drug-related behavior. There was no discussion regarding the urine drug screen from July 2014 and whether the results were consistent or inconsistent. Consequently, absent the clinical documentation to support a repeat urine drug screens for October 14, 2014 with a risk assessment, urine drug screen date of service October 14, 2014 is not medically necessary.