

Case Number:	CM15-0000556		
Date Assigned:	01/21/2015	Date of Injury:	09/17/2011
Decision Date:	03/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 53 year old male who sustained an industrial injury on 09/17/2011. The injured worker complains of chronic back, hand and knee pain. Diagnoses include thoracic spine disc protrusion, lumbar spine multilevel disc protrusions, bilateral hand sprain and strain, left second finger sprain and strain, bilateral knee meniscus tear, status post right knee surgery, bilateral foot/heel sprain and strain, and anxiety and depression. Treatment to date has included medications, and physical therapy. A physician progress note dated 10/29/2014 documents the injured worker has complaints of upper back and lower back pain rated 6/10, bilateral hand pain is rated 7/10 on the right, and 6/10 on the left, left second finger pain rated 5/10, bilateral knee pain is rated 7/10 on the right and 5/10 on the left, bilateral foot pain is rated 6/10 on the right and 5/10 on the left. He has had left index surgery in 2011, and right knee surgery on 09/25/2014. The treating provider is requesting 1 urinalysis chromatography between 10/29/2014 and 10/29/2014, Flexeril 5mg, # 30 between 10/29/2014 to 01/31/2015. On 12/03/2014 the Utilization Review non-certified the request for 1 urinalysis chromatography between 10/29/2014 and 10/29/2014 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines. The Utilization Review dated 12/03/2014 non-certifies the request for Flexeril 5mg, # 30 between 10/29/2014 to 01/31/2015 and cited California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urinalysis chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Pain, urine drug testing

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient participated in urine drug testing in September, October, and November of 2014. Urinary drug testing is indicated 2-3 times per year only if there is evidence of addictive/aberrant behavior. Documentation in the medical record does not support that the patient has been exhibiting addictive/aberrant behavior. Urine drug testing is not indicated. The request should not be authorized.

1 prescription of Flexeril 5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been taking Flexeril since at least April 2014. Criteria for long-term opioid use have not been met.

The request should not be authorized. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.