

Case Number:	CM15-0002916		
Date Assigned:	01/13/2015	Date of Injury:	08/29/2007
Decision Date:	03/23/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male with a date of injury of 08/29/2007 and the mechanism of injury was a fall. His diagnoses included multilevel herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis, facet arthropathy of the cervical and lumbar spine, right shoulder impingement with subacromial bursitis, right hand flexor tendinitis of the long finger, bilateral hand CMC arthralgia, left knee DJD with chondromalacia of the patella, "left hip greater trochanteric bursitis for depression and anxiety," and left shoulder and left elbow arthralgia. His past treatments included medications and aqua therapy. The injured worker presented on 10/27/2014 with complaints of back pain that he rated 7/10 to 9/10 and left leg pain which he currently rates a 6/10 to 7/10. The back pain continues to be severe with occasional numbness down both legs, the left less than the right. Physical examination showed tenderness to palpation about the cervical and lumbar paraspinous and limited range of motion in the cervical and lumbar spine. He has decreased sensation at the left L3 dermatome and strength is 4+/5 on the left. He reported no side effects from the medication and no aberrant behavior from the medication. The CURES on 10/27/2014 was consistent with the medication he is currently prescribed. The treatment plan is he will continue his scheduled EMG/NCS of bilateral lower extremities and recommended to continue with the acupuncture as scheduled. His current medications included Norco, Flexeril which he states helps decrease his pain by about 25% and allows him to increase his activity level. The request is for cyclobenzaprine 7.5 mg and qualitative drug screen panel. The rationale was not indicated. The Request for Authorization form dated 10/27/2014 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: The request for cyclobenzaprine 7.5 mg is not medically necessary. The injured worker reported with low back pain and knee pain. According to the California MTUS Guidelines, cyclobenzaprine is recommended as an option using a short course of therapy. Its greatest effect is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is documentation the injured worker has been on the medication in excess of 6 months. There was lack of documentation of the injured worker's beneficial response to the use of cyclobenzaprine. As such, the request for cyclobenzaprine is not medically necessary.

Qualitative drug screen/panel: 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 Drug testing Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management of opioids, and for screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug test was performed. There is no evidence of opioid use. As such, the request for the urine drug test is not medically necessary.