

<b>Case Number:</b>	CM15-0105759		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

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 (IW) is a 50-year-old female who sustained an industrial injury on 02/01/2005. Diagnoses include status post right shoulder arthroscopy; tear of supraspinatus and tendinopathy of the infraspinatus, right; left shoulder pain, compensatory; cervical pain with right upper extremity symptoms; right medial and lateral elbow pain and bilateral wrist/hand pain. Treatment to date has included medications, physical therapy, steroid injection to the right elbow and acupuncture. The IW stated Lidoderm patches helped her pain. According to the progress notes dated 4/24/15, the IW reported right shoulder pain rated 6/10; compensatory left shoulder pain rated 5/10; cervical pain rated 6/10; bilateral hand and wrist pain rated 5/10 and right thumb pain rated 5/10. On examination, the bilateral shoulders were tender to palpation over the anterior aspect and at the acromioclavicular joint. Range of motion was limited, but improved and the right deltoid musculature conditioning was improved. It was noted the spasm of the cervical trapezius and deltoid musculature was less pronounced. Spasms were refractory to conservative measures. The current dosage of Cyclobenzaprine decreased spasms for five hours on average, providing improved motion, exercise tolerance and decreased pain. A retrospective request was made for Cyclobenzaprine 7.5mg, #90 for spasms and a urine drug screen used to screen the IW for aberrant and non-adherent drug-related behavior, for date of service 4-24-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Retrospective Cyclobenzaprine 7.5mg quantity 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has right shoulder pain rated 6/10; compensatory left shoulder pain rated 5/10; cervical pain rated 6/10; bilateral hand and wrist pain rated 5/10 and right thumb pain rated 5/10. On examination, the bilateral shoulders were tender to palpation over the anterior aspect and at the acromioclavicular joint. Range of motion was limited, but improved and the right deltoid musculature conditioning was improved. It was noted the spasm of the cervical trapezius and deltoid musculature was less pronounced. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective Cyclobenzaprine 7.5mg quantity 90 is not medically necessary.

**Retrospective Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines "Drug testing" Page(s): 43.

**Decision rationale:** The requested Retrospective Urine Drug Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has right shoulder pain rated 6/10; compensatory left shoulder pain rated 5/10; cervical pain rated 6/10; bilateral hand and wrist pain rated 5/10 and right thumb pain rated 5/10. On examination, the bilateral shoulders were tender to palpation over the anterior aspect and at the acromioclavicular joint. Range of motion was limited, but improved and the right deltoid musculature conditioning was improved. It was noted the spasm of the cervical trapezius and deltoid musculature was less pronounced. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis.

There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective Urine Drug Screen is not medically necessary.