

Case Number:	CM15-0133728		
Date Assigned:	07/21/2015	Date of Injury:	02/01/2013
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/10/2015

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

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 38 year old female patient who sustained an industrial injury on 02/01/2013. A visit dated 05/28/2015 reported the patient presenting to the emergency department with subjective complaint of my upper back, neck and left shoulder are painful. The pain increases with movement and she also states having neck stiffness. The patient's past medical history of having carpal tunnel syndrome diagnosed 12/10/2004, and depression 12/10/2004. She reports taking the following medications: Ibuprofen 800mg, Hydrocodone 8/325mg, Robaxin, and Imitrex. The assessment found the patient with neck pain, upper back pain, and occupational problems or work related circumstances. The plan was to refer the patient for occupational health evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Cyclobenzaprine HCL 7.5mg: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, upper back, and left shoulder. The current request is for 60 Cyclobenzaprine HCL 7.5mg. The requesting treating physician report was not found in the documents provided for review. A report dated 5/28/15 (10B) states, "Was seen in the ER and was placed on pain medications in anticipation of seeing her Workers Compensation physician, but can't get an appointment until 6/3/15." There were no primary physician progress reports in the documents provided for review. The MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain page 63 state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided do not indicate how long the patient has been taking this medication. In this case, it is unclear how long the patient has been taking this medication and there is no documentation of any failed first-line treatment options. Furthermore, there is no documentation that the patient suffers from back spasms in the medical reports provided for review. The current request does not satisfy the MTUS guidelines as outlined on page 63. The current request is not medically necessary.

Retrospective one urine tox screen (DOS 8/5/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT) 2015.

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

Decision rationale: The patient presents with pain affecting the neck, upper back, and left shoulder. The current request is for Retrospective one urine tox screen (DOS 8/5/2014). The requesting treating physician report was not found in the documents provided for review. A report dated 5/28/15 (10B) states, "Was seen in the ER and was placed on pain medications in anticipation of seeing her Workers Compensation physician, but can't get an appointment until 6/3/15." There were no primary physician progress reports in the documents provided for review. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines 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. The two medical reports provided for review note that the patient has been taking Norco, although it is unclear how long she has been prescribed this medication. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case, there was no documentation of the quantity or date of UDSs performed previously nor were any results from previous UDSs provided. Furthermore,

more documentation is required in order for the current request to satisfy the MTUS and ODG guidelines. The current request is not medically necessary.