

Case Number:	CM15-0142733		
Date Assigned:	08/03/2015	Date of Injury:	05/04/2004
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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: Preventive Medicine, Occupational 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 70 year old female, who sustained an industrial injury on 5-04-2004. Diagnoses include chronic lumbar strain with lumbar herniated disc, right lower extremity radiculopathy and L5 nerve root weakness with a weak extensor hallucis longus, right shoulder rotator cuff tendon tear, right knee meniscal tear, early posttraumatic arthritis, and bilateral hip sprain or strain. Treatment to date has included medications including Elavil, Prozac, Flexeril, and Omeprazole. Per the Primary Treating Physician's Progress Report dated 6-15-2015, the injured worker reported persistent pain in the cervical spine, lumbar spine and right shoulder. She rates her pain as 3-4 out of 10. She also reports right hip pain rated as 5 out of 10 and left hip pain rated as 6 out of 10. Pain is improved on the left but worsened on the right and is constant. The pain radiates to the groin and back. Physical examination of the cervical spine revealed tenderness to palpation with full range of motion. Examination of the lumbar spine revealed tenderness to palpation with limited flexion, extension and bilateral rotation. The plan of care included follow-up care, consultations, and medication management and authorization was requested for Prilosec 20mg #60, Flexeril 10mg #60, 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:

Flexeril (Cyclobenzaprine HCL) 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. There is no objective documentation of spasm on physical exam; therefore, there is no indication for the use of a muscle relaxant. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril (Cyclobenzaprine HCL) 10mg #60 is not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, there is no evidence in the available documentation that the injured worker is being prescribed opioid medications. The request for urine toxicology screen is not medically necessary.