

Case Number:	CM15-0163784		
Date Assigned:	09/01/2015	Date of Injury:	06/06/2001
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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

Certification(s)/Specialty: Internal 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 46-year-old male, who sustained an industrial injury on June 6, 2001. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar spine stenosis, lumbar facet arthropathy, lumbar discogenic spine pain, and failed back surgery syndrome. The medical records refer to MRI, CT, and x-rays having been performed, but the dates and results were not included in the provided medical records. On May 1, 2015, a urine toxicology screen detected hydrocodone and hydromorphone. Treatment to date has included manual therapy, heat, cold, rest, massage, a home exercise program, stretches, and medications including opioid analgesic, muscle relaxant, combination non-steroidal anti-inflammatory drug and H2 antagonist, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On July 17, 2015, the injured worker reported ongoing low back pain radiating to the hips, buttocks, and down the lower extremities. His pain was described as dull, aching, throbbing, pressure, cramping, and spasm. The pain was rated: previous good day = 4 out of 10, current good day = 5 out of 10, previous bad day = 7 out of 10, and current bad day = 8 out of 10. He is able to continue working and maintain activities of daily living with help of his current medication regimen. The pain is aggravated by cold, activity, lying down, and sitting. Heat, cold, rest, lying down, sitting, walking, medication, and massage, alleviated the pain. The physical exam revealed diffuse tenderness to palpation and spasm of the lumbosacral region, positive bilateral straight leg raise, normal strength in the lower extremities, and decreased sensation in the left lower extremity. The deep tendon reflexes of the bilateral lower extremities were normal, except for the left knee was decreased and the left ankle was absent. He was to continue working 10-hour work days. Work status: permanent and stationary. The treatment plan includes a urine toxicology screen and continuing Cyclobenzaprine HCL and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 MG #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution for short-term treatment of acute exacerbations of chronic low back pain as a second-line option. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Cyclobenzaprine (Flexeril) for short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. There was objective evidence of lower back spasms since at least March 2015. The medical records show that the injured worker has been taking Cyclobenzaprine HCL as needed since at least June 19, 2015, which exceeds the short-term treatment recommended by the guidelines. In addition, the 30 tablets of Cyclobenzaprine with 2 refills prescribed imply long term use, not a short period of use. Therefore, the Cyclobenzaprine HCL is not medically necessary.

Ibuprofen 800 MG #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommended non-steroidal anti-inflammatory drugs as a second-line treatment after acetaminophen for short-term relief of acute exacerbations of low back pain and symptomatic relief of chronic low back pain. Per the CMTUS, Ibuprofen is recommended for mild to moderate pain. Greater pain relief does not result from doses greater than 400 mg. The maximum daily dose should not exceed 3200 mg. The injured worker has been taking Ibuprofen since at least April 2015 without significant improvement in pain and exceeds the guideline recommendation. The provider prescribed 800 mg of Ibuprofen for the injured worker, which exceeds the guideline recommendation. In addition, the injured worker is taking Duexis three times a day as needed, which the medical records show that it contains Ibuprofen 800 mg and Famotidine. The combined maximum daily dose of these two medications is 4,800 mg, which exceeds the guideline recommendation. Therefore, the Ibuprofen is not medically necessary.

Toxicology Screen x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend, drug testing is recommended as an option to assess for the use or the presence of illegal drugs when initiating opioid therapy and when there are issues with abuse, addiction, or poor pain control, and to avoid misuse of opioids, especially for individuals with a high risk of abuse. Per the Official Disability Guidelines (ODG), the criteria for the use of urine drug testing include point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results for individuals with a moderate risk of addiction or aberrant behavior. There was documentation on May 1, 2015 of a urine toxicology screen that was consistent with the prescribed medications. There is a lack of documentation of concern for abuse or aberrant medication behavior. There is a lack of physician rationale for performing another urine toxicology screen at this time. Therefore, the toxicology screen is not medically necessary.