

<b>Case Number:</b>	CM15-0166985		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/20/2001
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 64 year old female, who sustained an industrial injury on 7-20-01. The diagnoses have included cervical facet arthropathy, cervical radiculopathy, sacroiliac joint dysfunction, lumbar radiculopathy, lumbar facet arthropathy, and trochanteric bursitis. Treatment to date has included medications, diagnostics, heat, stretching exercises, work modifications, activity modifications and other modalities. Currently, as per the physician progress note dated 7-23-15, the injured worker complains of neck and upper extremity pain. She reports that she is stable on the current medications and they continue to provide functional pain relief with the cervical pain and relief that allow her to complete her activities of daily living (ADL) and chores. The previous pain was rated 3 out of 10 on pain scale, the current pain is rated 2 out of 10 on the pain scale and the previous pain on a bad day was rated 5 out of 10 and current pain on a bad day is rated 4 out of 10. She reports blurred vision, weakness, constipation, depression, anxiety and memory loss. The current medications included Norco and Robaxin. The urine drug screen dated 11-25-14 was consistent with the medications prescribed. The objective findings-physical exam reveals diffuse moderate tenderness over the bilateral paracervical area with range of motion including flexion and extension limited due to pain. The lumbar exam reveals straight leg raise is positive bilaterally at 30 degrees with severe tenderness noted in the lumbar facet joint and sacroiliac joint. There is positive Fabre, extension of lumbar spine is painful at 5 degrees, range of motion is limited and there is sciatic notch tenderness on the right. The gait is slow and there is weakness in the bilateral handgrips. There is diffuse weakness in the bilateral upper extremities. The physician notes that all medication is necessary for maintaining good pain control and function. The injured worker reports that the pain medication reduces the

pain by 50 percent and is able to complete her activities of daily living (ADL) and stay active. The physician requested treatments included Toxicology screen, quantity of 1 and Robaxin 500mg #60 with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Toxicology screen, quantity: 1: 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 Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

**Decision rationale:** This 64 year old female has complained of cervical spine pain and lumbar spine pain since date of injury 7/20/2001. She has been treated with physical therapy and medications. The current request is for a toxicology screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine toxicology screen is not medically necessary.

**Robaxin 500mg #60 with 3 refills: 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 Muscle relaxants Page(s): 41.

**Decision rationale:** This 64 year old female has complained of cervical spine pain and lumbar spine pain since date of injury 7/20/2001. She has been treated with physical therapy and medications to include Robaxin since at least 04/2015. The current request is for Robaxin. Per the MTUS guideline cited above, muscle relaxant agents are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Robaxin is not medically necessary.