

Case Number:	CM15-0183855		
Date Assigned:	09/24/2015	Date of Injury:	03/12/2013
Decision Date:	10/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old female, who sustained an industrial injury on March 12, 2013, incurring left ankle, left knee, left ankle and lumbar spine injuries. She was diagnosed with lumbar disc disease, lumbar strain, lumbosacral radiculopathy and left knee sprain. Treatment included diagnostic imaging, physical therapy and home exercise program, anti-inflammatory drugs, antidepressants, proton pump inhibitor, muscle relaxants, neuropathic medications, and modified activities. Currently, the injured worker complained of persistent bilateral lumbar ligaments pain radiating down both lower extremities with numbness and tingling sensations. She used a cane for ambulation. She noted buckling of the left knee and increased pain in the left ankle aggravated with prolonged periods of standing. The injured worker noted limited range of motion with increased muscle spasms and tenderness of the lower spine. The treatment plan that was requested for authorization on September 18, 2015, included a Drug Screen and a prescription for Flexeril 7.5mg three times a day. On September 16, 2015, a request for a Drug Screen and a prescription for Flexeril were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain. Urine Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. In this case, there is no documentation to support concern the injured worker is using illegal drugs, has addiction problems or that opioid therapy is considering being initiated. Therefore the request is not medically necessary.

Flexeril 7.5mg 1 tablet by mouth three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case the patient has no evidence in the records of 9/16/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. There is no documentation of physical findings of muscle spasm. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.