

Case Number:	CM15-0024860		
Date Assigned:	02/17/2015	Date of Injury:	06/12/2012
Decision Date:	05/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 27 year old male who suffered and industrial injury on 6/12/2012. The mechanism of injury involved heavy lifting. The diagnoses include disorder of the back, disorder of the trunk, displacement of the lumbar intervertebral disc without myelopathy, and low back pain. Prior treatments include medications and physical therapy. The injured worker presented on 02/10/2015 for a follow-up evaluation. The injured worker reported persistent pain with radiating symptoms into the right lower extremity. Upon examination of the lumbar spine, there was 60 degree flexion, 15 degree left lateral bending, 10 degree right lateral bending, 20 degree extension, and pain with motion. Pain was also increased in the right lower back area with axial bending. There was normal motor strength and intact sensation. Supine straight leg raising test and seated straight leg raising test were positive. Deep tendon reflexes on the right were absent. Treatment recommendations included continuation of alprazolam 0.5 mg, hydrocodone 10/325 mg, and cyclobenzaprine 7.5 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) UDS DOS 12/15/14 (last 11/1814): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines (web) <http://www.odg-twc.com/odgtwc/pain.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

Vicodin 10/325mg # 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of objective functional improvement. The injured worker has continuously utilized the above medication since at least 12/2014. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Cyclobenzaprine 7.5mg # 30: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since 09/2014. There is no documentation of objective functional improvement. The guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Alprazolam 0.5mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. The injured worker has continuously utilized the above medication since at least 12/2014. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of the above medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.