

Case Number:	CM15-0026448		
Date Assigned:	02/18/2015	Date of Injury:	11/28/2012
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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 year old male injured worker suffered and industrial injury on 11/28/2012. The diagnoses were left shoulder rotator cuff tear, lumbar facet syndrome, and lumbar generative disc disease. The treatments were medications and home exercise program. The treating provider reported continued constant pain. The Utilization Review Determination on 1/15/2015 non-certified: 1. Flexeril 10mg #60, citing MTUS. 2. Urine Drug Screen, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain): Flexeril.

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

Decision rationale: The patient was injured on 11/18/2012 and presents with pain in his lumbar spine and left shoulder. The request is for FLEXERIL 10 mg #60. The RFA is dated 01/06/2015

and the treater will "defer the patient's work status with the patient's primary treating physician." The patient has been taking Flexeril as early as 05/30/2014. MTUS page 63-66 states, "muscle relaxants (for pain); recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommended for a short course of therapy." The patient has a wide-based gait and can perform the heel-toe walk with difficulty and pain in the lower back. There is straightening of lumbar lordosis, diffuse lumbar paraspinous muscle tenderness, and severe facet tenderness at L3 through S1 levels. The patient has a positive Faber/Patrick test on both the right and left, a positive piriformis tenderness on both right and left, a positive piriformis stress (fair) on both the right and left, positive sciatic notch tenderness on both the right and left, positive Kemp's test on both the right and left as well as a seated straight leg raise that elicits pain on both the right and left. The patient is diagnosed with left shoulder rotator cuff tear, lumbar degenerative disk disease, and lumbar spine facet syndrome. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril as early as 05/30/2014, which exceeds the 2 to 3 week recommended by MTUS Guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opioid therapy: Urine drug screening (Opiates, steps to avoid misuse/addiction).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 11/18/2012 and presents with pain in his lumbar spine and left shoulder. The request is for a URINE DRUG SCREEN. The RFA is dated 01/06/2015 and the treater will "defer the patient's work status with the patient's primary treating physician." While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use on low-risk patients. The patient had 2 prior urine drug screens on 07/25/2014 and on 11/21/2014. The results of the 07/25/2014 UDS are not provided. "He has been negative for 2 consecutive urine toxicology screenings. He was told that if his urine toxicology screening is again negative for all medications, I will not be able to prescribe medications on his follow-up visit and he understood." In regards to 07/25/2014 urine drug screen, the patient "was negative for all medications tested. The patient does admit to taking his medications intermittently. I would decrease the quantity if his urine screening test comes out negative on his follow-up evaluation." As of 11/21/2014, the patient is taking Norco and Flexeril. The treater does not document the patient being at high risk for adverse outcomes, or has active substance abuse disorder. The physician reported an inconsistent drug screen on 7/25/14, and stated he would not prescribe medications if this occurred again; but on 11/21/14

the patient again had an inconsistent drug screen and there was no change in medications. The physician has not provided a rationale for the inconsistent screens and has not used the information from the prior inconsistent drug screens for risk stratification. There was no rationale provided to repeat the drug screen when the results do not change the treatment plan. Therefore, the requested urine drug screen IS NOT medically necessary.