

Case Number:	CM15-0213845		
Date Assigned:	11/03/2015	Date of Injury:	01/14/2014
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 31-year-old who has filed a claim for chronic neck, wrist, and low back pain reportedly associated with an industrial injury of January 14, 2014. In a Utilization Review report dated October 28, 2015, the claims administrator failed to approve requests for Flexeril and a urine toxicology screen. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 29, 2015, Tylenol with Codeine and Flexeril were seemingly renewed. On the September 21, 2015 office visit at issue, considerably blurred as a result of repetitive photocopying and faxing, the applicant reported multifocal complaints of neck, shoulder, arm, and hand pain, 8 to 9/10. The applicant was not working, the treating provider reported. The applicant was placed off of work, on total temporary disability. Flexeril and tramadol were renewed while the applicant was kept off of work. Drug testing was also seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine Hydrochloride) 10mg, 1 tablet by mouth every 8 hours as needed with food quantity 90, related to the bilateral wrists, bilateral shoulders, lumbar spine and cervical spine injury: Upheld

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

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

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to the mix is not recommended. Here, however, the applicant was, in fact, using a variety of other agents to include tramadol, Tylenol No. 3, etc. The addition of cyclobenzaprine or Flexeril to the mix was not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 90-tablet renewal request for Flexeril, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Urine Toxicology screening for medication monitoring related to the bilateral wrists, bilateral shoulders, lumbar spine and cervical spine injury: Upheld

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

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: Similarly, the request for urine toxicology testing (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the [REDACTED] when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider's September 21, 2015 office visit did not clearly state all the medications which the applicant was using. There was no mention when the applicant was last tested. There was no mention whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the [REDACTED] when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request is not medically necessary.