

Case Number:	CM15-0215015		
Date Assigned:	11/04/2015	Date of Injury:	06/12/2012
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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 29 year old male () with an industrial injury dated 06-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for disorder of back, disorder of right trunk, displacement of lumbar intervertebral disc disorder without myelopathy and low back pain. According to the progress note dated 09-23-2015, the injured worker reported ongoing chronic pain of the low back and right lower extremity. The injured worker also reported anxiety and depression secondary to his chronic pain, disability and uncertainty about the future. The injured worker pain is aggravated by standing-walking over about 20 minutes, bending, heavy lifting attempts and sitting over 30 minutes. Pain level was 8 out of 10 on a visual analog scale (VAS) reduced 65% with medication. Functional gains include significant help with activities of daily living, mobility and restorative sleep. Documentation (09-23-2015) noted that the injured worker is concerned about possible medication toxicity and is requesting lab work to screen for problems. Objective findings (08-25-2015, 09-23-2015) revealed limp, antalgic gait, tenderness of the lumbar paraspinal region, and increased pain right lower back with axial loading to right while in extension. Treatment has included diagnostic studies, urine drug screens (01-13-2015, 05-05-2015, 09-23-2015), prescribed medications including Cyclobenzaprine and Alprazolam (since at least January of 2015), physical therapy and periodic follow up visits. The utilization review dated 10-19-2015, non-certified the request for repeat quantitative-confirmatory urine drug screen (performed on 09-30-2015), Cyclobenzaprine 7.5mg #60, and Alprazolam 0.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #60: Upheld

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

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

Decision rationale: Alprazolam is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already since at least January 2015 rendered for this chronic 2012 injury. The Alprazolam 0.5mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #60: 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: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2012 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use since at least January 2015 as the patient remains unchanged. The Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.

Repeat quantitative/confirmatory urine drug screen (performed on 09/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (<http://www.odg.twc.com/odgtwc/pain.htm>).

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

Decision rationale: Review indicates treatment has included multiple diagnostic studies of urine drug screens 01-13-2015, 05-05-2015, and 09-23-2015. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. Additionally, MTUS Guidelines is silent on the current request for immunoassay/ quantitative testing for drug screening. ODG states point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. The medical necessity for the quantitative testing is not supported or established outside guidelines criteria. The repeat quantitative/confirmatory urine drug screen (performed on 09/30/2015) is not medically necessary and appropriate.