

<b>Case Number:</b>	CM15-0215946		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker was a 66 year old male, who sustained an industrial injury, June 12, 2012. The injured worker was undergoing treatment for lumbar spine spondylolisthesis, lumbosacral musculoligamentous strain and or sprain and left foot strain and or sprain. According to progress note of October 8, 2015, the injured worker's chief complaint was back and left foot pain. The objective findings were lumbar spine tenderness with palpation of the bilateral paraspinal muscles, sacroiliac joints, sciatic notch, posterior iliac crests and gluteal muscles. There was muscle spasms noted at the bilateral paraspinal muscles and gluteal muscles. There was decreased motor strength of the right lower extremity of 4 out of 5. There was decreased sensation of the right anterolateral thigh, anterior knee, medial leg and foot. According to the chiropractic noted of October 19, 2015, the injured worker back pain level was 8 out of 10; with pain in the left and right lower extremities. There were spasms note don the right and left of the paraspinal muscles. The straight leg raises were positive on the left. The injured worker previously received the following treatments 2 sessions of chiropractic services for the lumbar spine October 8 and 15th of 2015, Gabapentin, Tramadol, topical cream of Lidocaine, Cyclobenzaprine, Capsaicin, Flurbiprofen and left foot MRI amputation of the first digit from the level of the first distal interphalangeal joint, there were no other remarkable findings. The RFA (request for authorization) dated October 8, 2015; the following treatments were requested a prescription for Flexmid, a urine toxicology screening for admission for medications monitoring and 12 session of chiropractic therapy which was modified to 6 sessions. The UR (utilization review board) denied certification on October 20, 2015, for a prescription for Flexmid 15mg #30, a urine toxicology screening and 12 session of chiropractic therapy, which was modified to 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 15mg #30:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 15mg, #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spine spondylolisthesis; lumbosacral musculoligamentous sprain strain; and left foot sprain strain. Date of injury is June 12, 2012. Request for authorization is dated October 8, 2015. According to an October 8, 2015 first report, subjective complaints include back ongoing pain and left foot pain. Objectively, there was lumbar tenderness over the paraspinal muscles and SI joints with decreased range of motion and positive straight leg raising. The treating provider is prescribing Fexmid for the first time with Mobic. Prior treatment consisted of home remedies. Fexmid is a second line option medication. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no failure of first-line medication (Mobic). Additionally, Fexmid is indicated for short-term (less than two weeks). The treating provider prescribed a one-month supply. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Fexmid 15mg, #30 is not medically necessary.

**One urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT) (2015).

**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 section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances.

This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar spine spondylolisthesis; lumbosacral musculoligamentous sprain strain; and left foot sprain strain. Date of injury is June 12, 2012. Request for authorization is dated October 8, 2015. According to an October 8, 2015 first report, subjective complaints include back ongoing pain and left foot pain. Objectively, there was lumbar tenderness over the paraspinal muscles and SI joints with decreased range of motion and positive straight leg raising. The treating provider is prescribing Fexmid for the first time with Mobic. Prior treatment consisted of home remedies. Fexmid is a second line option medication. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider did not prescribe any opiates. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for urine drug screen. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, one urine toxicology screen is not medically necessary.

**12 sessions of chiropractic therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions chiropractic therapy are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are lumbar spine spondylolisthesis; lumbosacral musculoligamentous sprain strain; and left foot sprain strain. Date of injury is June 12, 2012. Request for authorization is dated October 8, 2015. According to an October 8, 2015 first report, subjective complaints include back ongoing pain and left foot pain. Objectively, there was lumbar tenderness over the paraspinal muscles and SI joints with decreased range of motion and positive straight leg raising. The treating provider is prescribing Fexmid for the first time with Mobic. Prior treatment consisted of home remedies. There is no documentation in the medical record of prior chiropractic treatment. The guidelines recommend a trial of six visits over two weeks. With evidence of objective functional improvement, a total of

up to 18 visits may be clinically indicated. The treating provider is requesting 12 sessions chiropractic therapy. There is no documentation of the six visit clinical trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and request for 12 sessions chiropractor in excess of the recommended six visit clinical trial, 12 sessions chiropractic therapy are not medically necessary.