

Case Number:	CM15-0216193		
Date Assigned:	11/05/2015	Date of Injury:	12/27/2001
Decision Date:	12/18/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	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
 Certification(s)/Specialty: Emergency 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 is a 59 year old, female who sustained a work related injury on 12-27-01. A review of the medical records shows she is being treated for low back and bilateral leg and left knee pain. In the progress notes dated 9-9-15 and 10-9-15, the injured worker reports chronic low back, both legs and left knee pain. She rates her pain a 6 out of 10. This pain level has not changed much in the last few visits. On physical exam dated 10-9-15, she has tenderness at L3-4 and L4-5 facets bilaterally. She has bilateral leg pain in an "L5, S1 pattern, worse on left side." She has left knee tenderness at the medial joint line and has a palpable Baker's cyst posteriorly. Treatments have included chiropractic treatments-unknown number of sessions, acupuncture-unknown number of sessions, lumbar epidural steroid injections-not very helpful, left knee injection on 10-6-15 with mild relief, home exercises and medications. Current medications include Norco and Flexeril. She is paying for these medications out of her pocket due to non-authorization. She has been taking the Norco since at least 2011. She has been taking the Flexeril since at least April 2015. No notation on working status. The treatment plan includes a request for Norco. The Request for Authorization dated 10-19-15 has requests for a urine drug test and for Flexeril. In the Utilization Review dated 10-27-15, the requested treatments of a urine toxicology test, Flexeril 10mg. #90 with 4 refills and Norco 10-325mg. #120 are all not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

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

Decision rationale: The requested urine toxicology is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has bilateral leg pain in an "L5, S1 pattern, worse on left side." She has left knee tenderness at the medial joint line and has a palpable Baker's cyst posteriorly. Treatments have included chiropractic treatments-unknown number of sessions, acupuncture-unknown number of sessions, lumbar epidural steroid injections-not very helpful, left knee injection on 10-6-15 with mild relief, home exercises and medications. Current medications include Norco and Flexeril. She is paying for these medications out of her pocket due to non-authorization. She has been taking the Norco since at least 2011. She has been taking the Flexeril since at least April 2015. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, urine toxicology is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested 1 prescription of Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral leg pain in an "L5, S1 pattern, worse on left side." She has left knee tenderness at the medial joint line and has a palpable Baker's cyst posteriorly. Treatments have included chiropractic treatments-unknown number of sessions, acupuncture-unknown number of sessions,

lumbar epidural steroid injections-not very helpful, left knee injection on 10-6-15 with mild relief, home exercises and medications. Current medications include Norco and Flexeril. She is paying for these medications out of her pocket due to non-authorization. She has been taking the Norco since at least 2011. She has been taking the Flexeril since at least April 2015. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 1 prescription of Norco 10/325mg #120 is not medically necessary.

1 prescription of Flexeril 10mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested 1 prescription of Flexeril 10mg #90 with 4 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has bilateral leg pain in an "L5, S1 pattern, worse on left side." She has left knee tenderness at the medial joint line and has a palpable Baker's cyst posteriorly. Treatments have included chiropractic treatments-unknown number of sessions, acupuncture-unknown number of sessions, lumbar epidural steroid injections-not very helpful, left knee injection on 10-6-15 with mild relief, home exercises and medications. Current medications include Norco and Flexeril. She is paying for these medications out of her pocket due to non-authorization. She has been taking the Norco since at least 2011. She has been taking the Flexeril since at least April 2015. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, 1 prescription of Flexeril 10mg #90 with 4 refills is not medically necessary.