

<b>Case Number:</b>	CM15-0218947		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	11/29/1999
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: New York, West Virginia,  
 Pennsylvania 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 72 year old male with an industrial injury dated 11-29-1999. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain and strain, cervical spine sprain and strain and L3-L4 and L4-L5 decomp. According to the progress note dated 09-21-2015, the injured worker reported low back pain and stiffness with bilateral lower extremities numbness and tingling, spasm and difficulty walking due to pain. Pain level score was not documented in report (09-21-2015). Objective findings (09-21-2015) revealed slow gait, tenderness to palpitation with guarding at bilateral "PVM" and "QL", difficulty with heel and toe walk, positive straight leg raises and positive Kemp. Some documents within the submitted medical records are difficult to decipher. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The injured worker is retired. Medical records indicate that the injured worker has been on Fexmid since at least May of 2015. There were no urine drug screen reports included for review. The utilization review dated 10-06-2015, non-certified the request for random urine drug screen and 60 Fexmid 7.5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Fexmid 7.5 mg:** 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): Muscle relaxants (for pain).

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the medication has been used for longer than 3 weeks and there is no evidence of an acute exacerbation. The request for Fexmid 7.5 mg #60 is not medically appropriate and necessary.

**1 random urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine drug testing.

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

**Decision rationale:** Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did not indicate that the patient was at risk for aberrant use and a recent drug test in May 2015 was negative. The request for a repeat urine drug test is not medically necessary and appropriate.