

<b>Case Number:</b>	CM15-0221906		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	08/05/1998
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, Hawaii

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 51 year old female with an industrial injury date of 08-05-1998. Medical record review indicates he is being treated for pain in limbs, cognitive impairment, epigastric pain and episodes of diplopia. In the 07-22-2015 treatment note the injured worker presented for reexamination. The treating physician documented the injured worker continued to be on multiple medications. "The amounts have been decreased and she feels better." "Her thinking has improved." The treating physician noted the injured worker continued to report problems with eating, dressing, grooming, bathing, eliminating, hearing, reading, writing, sleeping, standing, walking, sitting, working, lifting, having sex, doing housework, doing hobbies, exercising, seeing, driving or riding in a vehicle, participating in group activities and speaking in public. Physical exam (07-22-2015) noted tenderness in right (more than) left wrist. Tenderness was also noted of right elbow and left sacroiliac joint. Straight leg raising was to 20 degrees bilaterally. She had left abdominal and left pectoral tenderness ("where in the past she had an injection for general anesthesia.") Prior treatments included medications. The treating physician was requesting Cyclobenzaprine. In regards to the retro request (06-02-2015) the following is noted: Current medications (06-02-2015) included Gabapentin, Cerefolin, Aspirin, Hydro-chlorothiazide, Sucralfate, Rezriptan, Veraryd, Estazolam, Quetiapine, Hydrocodone-APAP, Prednisone, Albuterol Inhaler, and Floranex, Cyclobenzaprine, pain patches and Linzess. She had been certified for a detox program. In the 06-02-2015 note the treating physician documented toxicology testing on 05-06-2015 showed no drugs detected. On 10-15-2015 the request for Cyclobenzaprine 7.5 mg # 60 date of service 07-22-2015 was non-certified

by utilization review. The request for urine drug screen - date of service 06-02-2015 was modified to 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results times 1 - date of service 06-02-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective: Cyclobenzaprine 7.5mg, #60 DOS: 7/22/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary non-sedating muscle relaxants.

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

**Decision rationale:** The patient presents with a chronic history of major depression, anxiety, headaches and muscle tension. The current request is for Retrospective: Cyclobenzaprine 7.5mg, #60 DOS: 7/22/15. The treating physician report dated 6/12/15 states that the patient is to continue usage of Flexeril two times a day as needed. On 7/22/15, continued prescription of Flexeril was made. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that the patient has been taking this medication on a long-term basis. There is no medical rationale provided to warrant usage outside of the MTUS guidelines. The current request is not medically necessary.

#### **Retrospective: Urine drug screen DOS: 6/2/15: Overturned**

**Claims Administrator 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 Procedure Summary last updated 7/15/2015 Urine Drug Testing (UDT).

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

**Decision rationale:** The patient presents with a chronic history of major depression, anxiety, headaches and muscle tension. The current request is for Urine drug screen DOS: 6/2/15. The treating physician report dated 6/4/15 states that the patient is to detox from opiates. The medical history indicates that the patient has been utilizing opioids for more than 5 years for chronic pain management. The UR report dated 10/15/15 indicates that there was a modification for authorization of a 10 panel random urine drug screen DOS 6/2/15. The MTUS guidelines do recommend once yearly drug screens. In this case, there is no documentation that the patient had received a urine drug screen in 2015 and the patient is currently weaning from opioid usage. The current request is medically necessary.

