

Case Number:	CM15-0050684		
Date Assigned:	03/24/2015	Date of Injury:	01/11/2007
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 01/11/2007. Treatment to date has included medications, epidural steroid injection, electrodiagnostic testing and right carpal tunnel release. According to a progress report dated 01/07/2015, the injured worker rated pain 3-4 on a scale of 1-10 with medications and 9-10 without medications. Urine drug screens were consistent on 01/08/2014, 07/22/2014, 10/15/2014 and 11/12/2014. A CURES report was consistent on 08/19/2014. Medications included Cyclobenzaprine, Ambien, Senna S, Omeprazole, Norco, Lidoderm, Neurontin, Ibuprofen and Celexa. The injured worker reported increased low back pain and was scheduled for bilateral L5 selective epidural steroid injection on 01/27/2015. Active problems included drug-induced constipation, persistent disorder of initiating or maintaining sleep, esophageal reflux, dysthymic disorder, numbness, lumbar radiculopathy bilateral L5, umbilical hernia, shoulder bursitis, lumbar degenerative disc disease, lumbar radiculitis bilateral L5, chronic pain syndrome, rotator cuff syndrome, neck pain and bilateral carpal tunnel syndrome. A urine toxicology screen was performed. Prescriptions included Hydrocodone/acetaminophen, Cyclobenzaprine, Morphine Sulfate, Ondansetron and Ibuprofen. The injured worker was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine HCL 7.5mg #60, DOS: 1/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS chronic pain guidelines state that muscle relaxants may be used with caution as a second-line option for short-term acute exacerbations in patients with chronic lower back pain. The medical records in this patient do not document any muscle spasm on physical exam. MTUS guidelines also do not recommend long-term use of muscle relaxants. The retrospective request for cyclobenzaprine is thus not medically necessary.

Retro urine drug screen, DOS: 1/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

Decision rationale: This is a retrospective request for a urine drug screen in a patient on chronic opioids. MTUS Chronic Pain Guidelines state that urine drug screens are used "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 a clinical condition exists. The medical records reveal no documentation concerning provider concern of patient using illicit drugs or noncompliance with the use of his prescription medications. Two previous drug screens were consistent. Due to insufficient documentation, an additional drug screen is not medically necessary.