

Case Number:	CM15-0080983		
Date Assigned:	05/01/2015	Date of Injury:	04/22/2014
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/28/2015

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 is a 58-year-old male with an industrial injury dated 4/22/2014. The injured worker's diagnoses have included cervical spine sprain/strain, mechanical discogenic cervical spine pain with symptomatic cervical disc protrusions, right shoulder impingement syndrome, small slap /anterior labral tear of right shoulder, overuse syndrome of bilateral upper extremities, moderate carpal tunnel of bilateral wrist and hands, lumbosacral myoligamentous sprain/strain , L5 -S1 spondylitic spondylolisthesis, mechanical discogenic low back pain with symptomatic lumbar disc bulges/protrusions, degenerative meniscal tears of bilateral knees, and bilateral feet metatarsalgia. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, home exercise therapy and periodic follow up visits. In a progress note dated 3/26/2015, the injured worker reported cervical spine pain with numbness and tingling to right greater than left upper extremity. The injured worker reported that the pain decreases with rest, home exercise therapy and medications. The injured worker rated the pain a 6-7/10. Objective findings of the cervical spine revealed tenderness, muscle spasm, guarding, decrease range of motion, and decrease sensation along the right greater than left cervical spine and C6 dermatome distribution. The treating physician prescribed urine drug testing and Fexmid 7.5mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug testing.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing 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 diagnoses are illegible with the exception of the first diagnosis- cervical spine/sprain. The most recent progress note in the medical record is dated March 26, 2015. Subjectively, the injured worker complains of neck pain that radiates. Current medications include Fexmid (Flexeril) and Anaprox. There are no controlled substances or opiate analgesics documented in medical record. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication in the medical record for a urine drug screen. There are no risk assessments in the medical records indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation of controlled substance use, aberrant drug-related behavior, drug misuse or abuse and the risk assessment, urine drug testing is not medically necessary.

Fexmid 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. 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 (Flexeril) 7.5 mg #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 diagnoses are illegible with the exception of the first diagnosis- cervical spine/sprain. The most recent progress note in the medical record is dated March 26, 2015. Subjectively, the injured worker complains of neck pain that radiates. Current medications include Fexmid (Flexeril) and Anaprox. There are no controlled substances or opiate analgesics documented in medical record. The earliest progress note in the medical record documenting Fexmid is dated January 5, 2015. The documentation indicates Fexmid 7.5 mg one tablet is prescribed. The frequency is not documented in the medical record. Additionally, Fexmid is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of an acute exacerbation of low back pain or at least legible documentation of an acute exacerbation. Fexmid 7.5mg has been continued in excess of eight weeks. This is an excess of the recommended guidelines for short-term (less than two weeks) treatment. There are no compelling clinical facts in the medical record to support the ongoing use of Fexmid. There is no documentation of objective functional improvement with ongoing Fexmid. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Fexmid in excess of the recommended guidelines for short-term (less than two weeks), Fexmid (Flexeril) 7.5 mg #30 is not medically necessary.