

Case Number:	CM14-0121627		
Date Assigned:	08/06/2014	Date of Injury:	11/06/2012
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67 year old female who was injured on 11/06/2012 while performing her usual and customary duties as a clerk. Prior treatment history has included physical therapy which did not help relieve her symptoms; home exercise program, transforaminal epidural steroid injection. Toxicology report dated 06/06/2014 detected positive for Flexeril, Norco, Ambien, Protonix and Relafen which are her prescribed medications. Follow-up note dated 06/06/2014 states the patient presented with complaints of pain to her cervical spine, left shoulder, bilateral wrists, and lumbosacral spine complaints. She has stiffness in the cervical spine. She rated her pain as 7/10 in the cervical spine and 5/10 in the lumbar spine. Objective findings on exam revealed tenderness to palpation over the paracervical area and the trapezius muscles. Range of motion of the cervical spine revealed flexion at 48 degrees; extension at 55 degrees; right rotation at 70 degrees; left rotation at 65; right lateral flexion at 32 degrees and left lateral flexion at 35 degrees. She has positive shoulder decompression test bilaterally, left greater than right. She has positive impingement sign on the left. The lumbar spine revealed tenderness over the paravertebral area. Lumbar spine range of motion revealed flexion at 54 degrees; extension at 20 degrees; lateral flexion to 20 degrees bilaterally. The patient is diagnosed with multiple disc protrusions of the cervical spine, cervical spine/strain; left shoulder labral tear; patellofemoral syndrome; left knee strain/sprain-rule out internal derangement; and chronic pain syndrome. The patient has been referred for physical therapy to the left shoulder and lumbar spine. The patient's was prescribed Norco, Flexeril, Protonix, Relafen and Ambien. Prior utilization review dated 07/07/2014 states the request for Flexeril 7.5mg QTY 60 is partially certified for Flexeril 7.5 mg #20; Protonix 20mg QTY 60 is not certified; Relafen 750mg is modified to certify Relafen 750 mg x one month supply; and Urine toxicology Screening is modified to certify 10 panel random urine drug screen with confirmatory laboratory testing only on inconsistent x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation American Family Physician 2008

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Flexeril is commonly prescribed, centrally acting skeletal muscle relaxant and central nervous system depressant. Recommended for short-term use, no longer than 2-3 weeks. There is no supporting documentation showing any sustainable improvement in pain or function and long term of Flexeril is not recommended therefore, this medication is not medically necessary.

Protonix 20mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, NSAIDs are recommended for individuals with gastrointestinal symptoms and cardiovascular risk with precaution such those who are under multiple or high dose of NSAID and those above the age of 65. In this case, the supporting documentation showing more than one NSAID being prescribed and Protonix has exceeded the guideline recommendation. Therefore, the request is not medically necessary.

Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, NSAIDs should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. There is no supporting documentation of functional improvement and the use of Relafen have been exceeded in an extended period of time therefore, the request is not medically necessary.

Urine toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, urine drug testing

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines note that drug testing is recommended as an option using urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines state that a urine drug test is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substance, and uncover diversions of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. Claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicate routine drug screens however, there is no supporting documentation of clear rationale as to the necessity of additional drug screening as there is not documented aberrant behavior, or signs of misuse. Therefore, the request is not medically necessary.