

<b>Case Number:</b>	CM14-0145752		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/04/1994
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 55-year-old female with an 8/4/94 date of injury. At the time (7/29/14) of request for authorization for Fexmid 7.5mg (no quantity given), Imitrex 100 mg (no quantity given), and urine toxicology screen, there is documentation of subjective (severe neck pain and bilateral upper extremity pain) and objective (weakness, allodynia, and restricted range of motion) findings, current diagnoses (chronic pain syndrome and complex regional pain syndrome), and treatment to date (Norco and Fexmid since at least 2/25/14 and ongoing therapy with Imitrex). Medical reports identify urine drug screens performed on 2/25/14 and 5/3/14. Regarding Fexmid 7.5mg (no quantity given), there is no documentation of acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Fexmid. Regarding Imitrex 100 mg (no quantity given), there is no documentation of migraine and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Imitrex. Regarding urine toxicology screen, there is no documentation of abuse, addiction, or poor pain control; and that the patient is at "moderate risk" of addiction & misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg (no quantity given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome and complex regional pain syndrome. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Fexmid since at least 2/25/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Fexmid. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg (no quantity given) is not medically necessary.

**Imitrex 100mg (no quantity given):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of migraine, as criteria necessary to support the medical necessity of triptans (including sumatriptan (Imitrex)). Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome and complex regional pain syndrome. However, there is no documentation of migraine. In addition, given documentation of ongoing treatment with Imitrex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Imitrex. Therefore, based on guidelines and a review of the evidence, the request for Imitrex 100 mg (no quantity given) is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome and complex regional pain syndrome. In addition, there is documentation of 2 previous urine drug screens performed on 2/25/14 and 5/3/14. Furthermore, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control; and that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology screen is not medically necessary.