

<b>Case Number:</b>	CM14-0164768		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 43 year old female who was injured on 05/04/2010. During a doctor's visit on 09/08/2014, the injured worker complained of persistent neck pain of 7/10 that radiates to her hand; low back pain of 9/10 that radiates to her legs. The pain improves from 9/10 to 5-6/10 when she takes Tylenol #3. The physical examination was positive for limited range of motion of the cervical spine with tenderness; positive shoulder depression test; mild weakness of the muscles of the upper limbs; diminished sensations in the left upper limb. Also, she had sensory loss and weakness in the lower limbs from the knees down. The injured worker has been diagnosed of Lumbar sprain/Strain. Treatments have included L4-S1 fusion; TENS unit; dexilant (dexlansoprazole); Tylenol #3.. At dispute are the requests for Consult with pain management; Urine toxicology screen; Flexeril (Cyclobenzaprine HCL) 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Evaluation and management

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77; 81; 124.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Consult with pain management. The MTUS recommends referral to pain management under the following circumstances: 1. When subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist. 2. When the individual needs between 120-180 mg morphine equivalents a day for treatment or weaning. If the patient cannot tolerate 3. When the individual cannot tolerate tapering the dose of opioids.

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT)

**Decision rationale:** The medical records provided for review do indicate a medical necessity for Urine toxicology screen. The MTUS and the official Disability Guidelines recommend urine drug testing as an option to assess for the use or the presence of illegal drugs, or to uncover diversion of prescribed substance. This injured worker is currently being treated with Tylenol #3(Acetaminophen and Codeine). The codeine component is an opioid. Therefore, the requested test is medically necessary.

**Flexeril (Cyclobenzaprine HCL) 10 mg #30:** Overturned

**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 Cyclobenzaprine (Flexeril) Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Cyclobenzaprine (Flexeril®)

**Decision rationale:** The medical records provided for review do indicate a medical necessity for Flexeril (Cyclobenzaprine HCL) 10 mg #30. Although Cyclobenzaprine is primarily known as a muscle relaxant, both MTUS and Official Disability Guidelines state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. The recommended dose is 5-10 mg orally for not more than two to three weeks. Therefore, the requested treatment is medically necessary if used three times daily.