

<b>Case Number:</b>	CM14-0177908		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 40-year-old male with a date of injury of 11/28/2007. The listed diagnoses per [REDACTED] are: 1. Chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe; 2. Moderate right carpal tunnel syndrome; 3. Mild right L5 radiculopathy. According to progress report 09/18/2014, the patient presents with constant upper and lower back pain with numbness and weakness in the right leg. Examination of the lumbar and thoracic spine revealed moderately restricted range of motion with flexion and extension maneuvers. There are multiple trigger points and taut bands noted throughout the cervical paraspinal musculature. Neck compression test was positive. Treating physician is requesting Flexeril 10mg #60 with 1 refill, Norco 10/325mg #120 with 1 refill, and a repeat urine drug screen. Utilization review denied the request on 10/21/2014. Treatment reports from 02/03/2014 through 09/18/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** This patient presents with upper and lower back pain with numbness and weakness in the right leg. This is a request for Flexeril 10mg #60 with 1 refill. It appears this is an initial request for Flexeril, as this medication is not discussed in any prior reports. The MTUS guidelines page 63 do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasms and no more than 2 to 3 weeks. In this case, the treating physician is requesting #60 with 1 refill and MTUS does not support muscle relaxants for long-term use. Recommendation is that the request is not medically necessary.

**Norco 10/325mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with upper and lower back pain with numbness and weakness in the right leg. The treating physician is requesting a refill of Norco 10/325 mg #120 with 1 refill. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 06/26/2014. The treating physician states that the patient has greater than 50% relief of pain with medication, and the ability to function is "significantly improved." Treating physician goes on to state that there is no documentation of abuse, diversion or hoarding of prescribed medication, and there is no evidence of illicit drug use. In this case, the treating physician does not discuss specific functional improvement or changes in ADLs with taking Norco. Furthermore, the treating physician states in his 09/18/2014 that the patient's UDS was inconsistent. It did not show evidence of hydrocodone. The treating physician does not address this issue. Given the lack of sufficient documentation for opiate management, recommendation is that the request is not medically necessary.

**Repeat urine drug screen:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

**Decision rationale:** This patient presents with upper and lower back pain with numbness and weakness of the right leg. The treating physician is requesting a repeat urine drug screen as "the previous UDS was not positive for Hydrocodone." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. The treating physician would like a repeat screening to verify for compliance. ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. It appears the patient had one UDS thus far in 2014 and given the patient's inconsistent results a re-test is reasonable and consistent with the guidelines. Recommendation is that the request is medically necessary.