

<b>Case Number:</b>	CM14-0183331		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/02/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Family Practice, 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:

This is a 47-year-old male claimant sustained a work injury on December 2, 2008 involving the low back and jaw. He was diagnosed with lumbar disc disease and underwent a discectomy of L4- L5. He was also diagnosed with temporomandibular joint dysfunction. His sleeps difficulties secondary to the above. He had gastrointestinal upset from use of medications. A progress note on September 3, 2014 indicated the claimant had tenderness in the back. There was decreased range of motion due to pain and he had a positive straight leg test on the left side greater than the right side. A request was made for a urine drug screen at the time. The results of the urine drug screen were positive for codeine, morphine and antidepressants. A progress note on October 8, 2014 indicated the claimant had persistent low back pain. Examination findings were notable for a surgical scar the mid back. He had bilateral paravertebral palpatory tenderness. The treating physician stated he required a cane for transferring in modifications to his home. He also requested the complete blood count/chemistry panel, refill of his Tylenol #3, continuation of Prilosec and Fexmid. He had been on these medications for over six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 complete blood count and chemistry panel.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69-70.

**Decision rationale:** According to the guidelines above a complete blood count or renal function may need to be monitored while the claimant is on a nonsteroidal anti-inflammatory drug. If such a drug placed the claimant at increased risk of renal disease or gastrointestinal bleed then this test would need to be monitored. The claimant was not on medication increasing his risks and did not have baseline risk factors for any of the above. Routine monitoring of a CBC and chemistry profile is not medically necessary.

**Prospective request for 1 prescription of Tylenol No. 3 300/30mg #60.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Tylenol # 3 is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 for several months. There is no indication of failure of Tylenol along or NSAIDs .The continued use of Tylenol #3 is not medically necessary.

**Prospective request for 1 prescription of Prilosec 20mg #30.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

**Prospective request for 1 prescription of Fexmid 7.5mg #60.:** Upheld

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

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

**Decision rationale:** According to the MTUS Guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid for a prolonged period. Continued use is not medically necessary.

**Prospective request for 1 4 prong cane.:** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment

**Decision rationale:** According to the guidelines a walking eight such as a cane is recommended for those with knee pain, osteoarthritis or need to unload limbs and joints. In this case, the claimant had difficulty with transferring. He had significant back pain and difficulty with range of motion. A cane is appropriate and medically necessary.

**Prospective request for 1 urine drug screen.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.