

Case Number:	CM14-0210085		
Date Assigned:	12/23/2014	Date of Injury:	08/21/2012
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 53 year old female with a date of injury of 08/21/2012. She had right knee and low back pain. Diagnoses include bilateral L4 and L5 radiculopathy, failed back surgery syndrome, status post lumbar laminectomy and lumbar fusion, and lumbar disc protrusion. She had a L4-L5 discectomy, fusion and laminectomy in 08/2013. On 09/09/2014 she had a lumbar MRI that revealed post operative changes, L3-L4 mild to moderate central canal stenosis and L5-S1 mild left foraminal stenosis and mild to moderate right foraminal stenosis. Physician progress notes from May 2014 to December 2014 were provided. Work status was noted as retired. She has been treated at various times with MS contin, oxycontin, dilaudid, Neurontin, Flexeril, tizanidine, robaxin, surgery, and physical therapy. Medications in June 2014 included oxycontin. Medications in July 2014 included tizanidine and MS contin. Medications in August 2014 included oxycontin and robaxin. Medications in September 2014 included flexeril and MSIR. Medications in October 2014 included MS contin, MSIR, and flexeril. Medications in November 2014 included MS contin, flexeril, and dilaudid. At a visit with the primary treating physician on 12/1/14, the injured worker reported right low back pain; she was using MS Contin and Dilaudid which were reported to be working well. Examination showed tenderness on palpation of the lumbar spinal muscles, with positive discogenic provocative maneuvers, one plus symmetric muscle stretch reflexes bilaterally in all limbs, normal muscle strength and intact sensation. MS contin, Dilaudid, and flexeril were continued. Multiple progress notes document that the injured worker showed no aberrant behavior with use of opioid pain medication, that the pain contract was up to date and that previous urine drug screen was consistent. The progress

note of June 11, 2014 noted collection of a random urine drug screen. It was documented in the progress notes from October, November, and December that Flexeril provided 50% improvement in spasm and 50% improvement in the activities of daily living of self-care and dressing. On 12/11/14, Utilization Review non-certified requests for flexeril 10 mg #30 and for retrospective urine drug screen, DOS: 12/1/14, noting that there was no documentation of muscle spasm on physical examination and no documentation of functional improvement from previous use of flexeril, and that there was no documentation of provider concerns over patient use of illicit drugs or non-compliance. Utilization Review cited the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 64-66.

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

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at minimum. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Limited, mixed evidence does not allow for a recommendation for chronic use. The documentation provided indicates the injured worker has been treated with various muscle relaxants including tizanidine, robaxin, and flexeril for at least 6 months, with flexeril being prescribed for the last three months. The documentation did note improvement in spasm and activities of daily living as a result of flexeril, however there was no documentation of improvement in work status or decrease in dependence on medical care, as the injured worker continued to be prescribed opioid pain medication and office visits continued at the same monthly frequency. Due to the chronicity of use and lack of documentation of functional improvement, the request for flexeril 10 mg #30 is not medically necessary.

Retrospective urine drug screen, DOS: 12/1/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.Opioids. Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain chapter, Urine Drug Testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. The MTUS recommends frequent random urine toxicology screens as part of a plan to avoid misuse/addiction. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS. The injured worker has been prescribed chronic opioid medication for at least 6 months, with documentation of dose and medication adjustments. The treating physician consistently documented counselling on the appropriate use of prescribed medications, use of a pain contract which was documented as up to date, discussion of adverse effects of medications, and use of urine drug screening. The progress note from June 2014 documents collection of a random urine drug screen. Although formal results of urine drug screens were not submitted, the progress note from August 2014 documents that previous urine drug screen was consistent with prescribed medication, and that the injured worker showed no aberrant behavior. The injured worker has been on chronic opioid therapy. The MTUS recommends frequent random urine toxicology screens; the ODG gives more specific guidelines as noted above. Given the chronicity of use of opioid medication, the prescription in accordance with MTUS guidelines, and given that this injured worker could be considered at low to intermediate risk of aberrant behavior, the requested urine drug screen is in the timeframe of recommended testing. The request for retrospective urine drug screen, DOS: 12/1/14 is medically necessary.