

<b>Case Number:</b>	CM15-0010518		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/22/2005
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 57 year old male with an industrial injury dated 09/22/2005. His diagnoses include lumbar strain/sprain, lumbar radiculopathy, status post right shoulder surgery (2007), depression and anxiety. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, and multiple right shoulder surgeries (2007 x 2, and 2008). In a progress note dated 12/23/2014, the treating physician reports constant low back pain that radiates to the bilateral lower extremities with associated numbness and tingling in the legs and with a pain rating of 5/10, and constant right shoulder pain rated 6/10 in severity. The objective examination revealed limited range of motion in the right shoulder, tenderness over the acromioclavicular joint on the right side, tenderness to palpation along the trapezius muscles over the right shoulder with palpable spasms, and restricted range of motion in the lumbar spine. The treating physician is requesting cyclobenzaprine, urine drug screening and orthopedic re-evaluation which were denied or modified by the utilization review. On 12/30/2014, Utilization Review modified a prescription for cyclobenzaprine 7.5mg #30 to the approval of cyclobenzaprine 7.5mg #15, noting the non-recommendation for long term use. The MTUS Guidelines were cited. On 12/30/2014, Utilization Review non-certified a request for 1 urine drug screen, noting that the injured worker had undergone monthly urine drug screenings over the previous 9 months which exceeds the guidelines' recommendations. The ODG Guidelines were cited. On 12/30/2014, Utilization Review non-certified a request for 1 orthopedic re-evaluation, noting the records stated that the injured worker had decreased range of motion without any other findings to support a surgical consultation, and an extensive surgical

history with the absence of evidence that the injured worker would be a candidate for additional surgery . The ACOEM Guidelines were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of cyclobenzaprine 7.5mg #30, 1 Urine drug screen, and 1 orthopedic re-evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **(1) Prescription of Cyclobenzaprine 7.5mg, #30: Upheld**

**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 Page(s): 60-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for cyclobenzaprine is not medically necessary.

#### **1 Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. "high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as not high risk. As such, the current request for urine drug screening is not medically necessary.

**1 Orthopedic re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210,211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM additionally states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." Medical records to no indicate any

red flags for immediate referral. The subjective and objective complaints have also changed minimally over the last year and the treating physician does not detail well why the consultation request. As such, the request for Orthopedic re-evaluation is not medically necessary at this time.