

Case Number:	CM15-0011624		
Date Assigned:	01/28/2015	Date of Injury:	05/27/2003
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on May 27, 2003. He has reported lower back pain, neck pain and stiffness, and left shoulder pain. The diagnoses have included left shoulder impingement syndrome, cervical spine spondylosis, and mechanical lower back pain. Treatment to date was documented as medications and independent exercises. A progress note dated December 10, 2014 indicates a chief complaint of continued lower back pain, neck pain and stiffness, and left shoulder pain. Physical examination showed mildly positive impingement sign of the left shoulder, cervical spine and bilateral shoulder tenderness, and tenderness of the lumbar spine. The treating physician requested re-evaluation with orthopedics, urine drug screen, and prescriptions for Norco and Flexeril. On January 5, 2015 Utilization Review certified the request for Norco and the orthopedic re-evaluation. Utilization Review partially certified the request for a urine drug screen with adjustments for amount of services, and partially certified the request for a prescription for Flexeril with an adjustment in quantity. The MTUS chronic pain medical treatment guidelines and ODG were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of flexeril for lumbar, neck, and shoulder pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of flexeril with other agents is not recommended. The patient is on Norco may compound the adverse effects of drowsiness and dizziness. There are general statements documenting improvement in pain and function while using her medications but no specific details are listed and it is unclear if cyclobenzaprine is necessarily contributing to this improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.

URINE DRUG TOXICOLOGY SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is considered medically necessary. Her medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.