

Case Number:	CM15-0013521		
Date Assigned:	02/02/2015	Date of Injury:	03/08/2013
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 54 year old male who sustained an industrial injury based on cumulative repetitive movement on 03/08/2013. He has reported pain in the bilateral knees, lower back, and neck. The pain has increased with recent cold weather. Diagnoses include neck sprain/cervical musculature with bilateral radiculitis, lumbar sprain/strain with bilateral lower extremity radiculitis, lumbar degenerative disc disease and gastrointestinal upset. Treatments to date include medications and physical therapy. In a progress note dated 12/29/2014 the treating provider reports tenderness to palpation with muscle spasm over the bilateral paravertebral musculature. Straight leg raise causes bilateral back pain. Range of motion in the lumbar spine is diminished. On 01/08/2015 Utilization Review non-certified a request for Urine drug testing, noting there was currently insufficient information to warrant a drug screen at the time of the request. The MTUS Chronic Pain guidelines Urine Drug Testing was cited. Prior UDS was done on 9/30/14. On 01/08/2015 Utilization Review non-certified a request for Fexmid 7.5mg #60, noting that based on the information currently available, the medical necessity of the medication has not been established. The MTUS Chronic Pain, Muscle relaxants for pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: 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 (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Fexmid, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid is not medically necessary.

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Pain Chapter, Urine drug testing (UDT)

Decision rationale: Regarding the request for a urine drug screen (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the prior UDS was apparently performed approximately 3 months prior to the current request and there is no documentation current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine drug screen is not medically necessary.