

Case Number:	CM15-0115489		
Date Assigned:	06/23/2015	Date of Injury:	07/23/2012
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: Emergency 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 30 year old male, who sustained an industrial injury on 7/23/12. He reported pain in his lower back and left hip after a 14-foot fall. The injured worker was diagnosed as having chronic low back pain, left hip pain, neurogenic bladder, femoral acetabular impingement and depression. Treatment to date has included physical therapy with benefit, acupuncture, a lumbar MRI on 8/31/12 that was normal and an EMG study of the lower extremities with normal results. Current medications include Cymbalta, Ibuprofen, Toviaz, Albuterol, Flexeril and Zolpidem since at least 2/17/14. There is no documentation of suspected drug abuse and no previous urine drug screens submitted for review. As of the PR2 dated 1/26/15, the injured worker reports increased lower back pain over the last three days. Objective findings include decreased lumbar range of motion, lumbar paraspinal spasms and ambulation with a cane. The treating physician requested Flexeril 10mg #60 x 2 refills, a urine drug screen and Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The requested Flexeril 10mg #60 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has increased lower back pain over the last three days. Objective findings include decreased lumbar range of motion, lumbar paraspinal spasms and ambulation with a cane. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment or objective evidence of derived functional improvement from its previous use. The criteria noted above have not been met. Flexeril 10mg #60 with 2 refills is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of urine drug screen.

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

Decision rationale: The requested urine drug screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has increased lower back pain over the last three days. Objective findings include decreased lumbar range of motion, lumbar paraspinal spasms and ambulation with a cane. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above have not been met. Therefore, this request for 1 urine drug screen is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non- Benzodiazepine sedative-hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Zolpidem 10mg #30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has increased lower back pain over the last three days. Objective findings include decreased lumbar range of motion, lumbar paraspinal spasms and ambulation with a cane. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above have not been met. Therefore, this request for Zolpidem 10mg #30 is not medically necessary.