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| <b>Case Number:</b>   | CM15-0172931 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 06/15/1999 |
| <b>Decision Date:</b> | 11/03/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2015 |

### 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: 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 45 year old male, who sustained an industrial injury on 06-15-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral arm pain, chronic pain, anxiety and panic disorders. Medical records (01-15-2015 to 07-22-2015) indicate ongoing right arm pain that is described as severe and burning. It was reported that the injured worker is taking narcotic pain medications and Valium for muscle spasms due to RSD (Reflex Sympathetic Dystrophy) of the upper extremity. Records also indicate no changes in activities of daily living, quality of life or functional status. Per the treating physician's progress report (PR), the IW has not returned to work as he was noted to be 100% totally disabled. The physical exams, dated 06-29-2015 and 07-22-2015, revealed no changes in the hyperesthesia and allodynia to the right wrist. Relevant treatments have included psychological-psychiatric treatments; physical therapy (PT), work restrictions, muscle relaxants (Flexeril since at least 01-2015), benzodiazepine (Valium since at least 12-2012), and pain medications (Norco since at least 06-2015). Available diagnostic testing included x-rays and CT scans of the cervical spine (2003) which were normal; CT scan of the brain (2004) which was negative; and CT scans of the cervical spine (2004) showing evidence of muscle spasms resulting in reversing of the cervical curvature. The request for authorization (08-03-2015) shows that the following tests and medications were requested: two separate urine toxicology screenings over the course of treatment (denied), Flexeril 10mg #60 (denied), Valium 10mg #60 (modified), and Norco 10-325mg #90 (modified). The original utilization review (08-24-2015) denied a request for two urine toxicology screenings based on the modification and recommended weaning of opioids;

denied Flexeril based on the lack of recommendation for long-term use of muscle relaxants; modified Valium 10mg #60 (#30 approved) for weaning based on the medication is not recommended for long-term use; and modified Norco 10-325mg #90 (to #51) for weaning based on the functional improvement.

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

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

**Two (2) separate urine toxicology screens:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Two (2) separate urine toxicology screens are not medically necessary..

**Flexeril 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Flexeril 10 mg #60 is not medically necessary.

**Valium 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines

limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off. Valium 10 mg #60 is not medically necessary.

**Norco 10/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325 mg #90 is not medically necessary.