

Case Number:	CM15-0173359		
Date Assigned:	09/15/2015	Date of Injury:	01/12/2015
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	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, Indiana, New York
 Certification(s)/Specialty: Internal 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 41 year old female, who sustained an industrial injury on January 12, 2015 and reported sharp, shooting pain, numbness and tingling in the right leg. The injured worker is diagnosed as having lumbar intervertebral displacement, sciatica and lumbago. Her work status is modified duty; however, her employer cannot accommodate the restrictions. Currently, the injured worker complains of constant low back pain that radiates down her right leg accompanied by numbness and is rated at 7 on 10. The pain is exacerbated by prolonged standing and walking. A physical examination dated June 5, 2015 reveals a "tender right lumbar spine and sciatic notch with diminished sensation of the right posterior calf and plantar aspect of the right foot. The exam also reveals her motor strength is 5 on 5 MMT, she has a positive SLR right at 60 degrees and deep tendon reflexes are absent at the knees and ankles bilaterally." An examination dated July 22, 2015, states the injured worker is experiencing a decrease in pain from 8-9 on 10 to 4-5 on 10 with her medication. She reports she is able to engage in activities of daily living and experiences increased stamina to stand and walk with her medication regimen. The exam also reveals a decreased in lumbar spine range of motion. Treatment to date has included medications (current-Relafen 750 mg for at least 8 months, Flexeril 10 mg for at least 8 months and Norco 5 mg at least 6 months) Tramadol, cane due to altered gait, acupuncture and physical therapy. An MRI dated January 30, 2015 reveals "L5-S1 right sided disc protrusion with severe lateral recess narrowing with S1 root compression." The following requests; urine drug screen and Flexeril 10 mg #90 (date of service July 22, 2015) is denied as they are deemed not medically necessary, per Utilization Review letter dated August 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening, per 07/22/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen per July 22, 2015 order is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are herniated nucleus pulposus lumbar spine with right-sided radiculopathy. Date of injury is January 12, 2015. Request for authorization is July 28, 2015. According to a February 4, 2015 progress note, the treating provider prescribed Flexeril at that time. According to the July 22, 2015 progress note, subjective complaints include low back pain that radiates to the right leg. Medications include Norco, Relafen and Flexeril. Objectively, there is decreased range of motion of the lumbar spine with positive straight leg raising. The injured worker ambulates with a limp. Treating provider is requesting a urine drug screen monitor for compliance with Norco. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There are no prior urine drug screens in the medical record. There is no documentation indicating a risk assessment was performed on the injured worker. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of a risk assessment and no documentation of aberrant drug-related behavior, drug misuse or abuse, urine drug screen per July 22, 2015 order is not medically necessary.

Flexeril 10mg, per 07/22/2015 order qty: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #90 per the July 22, 2015 order is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are herniated nucleus pulposus lumbar spine with right-sided radiculopathy. Date of injury is January 12, 2015. Request for authorization is July 28, 2015. According to a February 4, 2015 progress note, the treating provider prescribed Flexeril at that time. According to the July 22, 2015 progress note, subjective complaints include low back pain that radiates to the right leg. Medications include Norco, Relafen and Flexeril. Objectively, there is decreased range of motion of the lumbar spine with positive straight leg raising. The injured worker ambulates with a limp. The documentation shows the treating provider prescribed Flexeril in excess of five months. The guidelines recommend Flexeril for short-term use (less than two weeks). There are no compelling clinical facts to support the ongoing use of Flexeril. Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, continued Flexeril treatment in excess of five months (guidelines recommend short-term, less than two weeks), no documentation demonstrating objective functional improvements and no compelling clinical facts to support ongoing Flexeril. Flexeril 10mg #90 per the July 22, 2015 order is not medically necessary.