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| <b>Case Number:</b>   | CM15-0026655 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 03/11/2013 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2015 |

### 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 44 year old male, who sustained an industrial injury on 3/11/2013. The diagnoses have included status post lumbar decompression (12/16/2013). Treatment to date has included physical therapy and medication. Currently, the IW complains of low back pain rated as 6/10 with left lower extremity symptoms. Objective findings included tenderness to the lumbar spine with limited range of motion. Spasm of the lumbarparaspinal musculature is less pronounced. On 2/04/2015, Utilization Review non-certified a request for Cyclobenzaprine 7.5mg #90 and urine drug screen noting that the clinical findings do not support the medical necessity of the treatment. The MTUS and ODG were cited. On 2/12/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5mg #90 and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: 1 prescription of Cyclobenzaprine 7.5mg #90 12/18/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** The use of cyclobenzaprine for lumbar 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 cyclobenzaprine with other agents is not recommended. There is no objective evidence of functional improvement and the patient has been on it since 2013. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.

**Retrospective: 1 urine drug screen 12/18/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

**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 not medically necessary. His medications do not include opioids or other controlled substance. In order to monitor opioid use 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. Because the patient is not being treated with opioids, a UDS is not needed. Therefore, this request is considered not medically necessary.