

Case Number:	CM15-0093104		
Date Assigned:	05/20/2015	Date of Injury:	02/07/2013
Decision Date:	09/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 39-year-old female who sustained a work related injury February 7, 2013. According to a primary treating physician's progress report, dated April 1, 2015, the injured worker presented with pain in the neck radiating down to the right hand with numbness. She also reports lower back pain radiating down both the left and right leg, more severe on the right with numbness. She is currently in physical therapy and finding some improvement in the pain of the right leg but feels an increase of pain in the neck area, rated 7-8/10. Diagnoses are cervical sprain; lumbar sprain; right shoulder sprain; myofascial pain. Treatment plan included request for authorization for urine toxicology screen, Norco, Flexeril, Clonazepam, Prilosec, and urine drug analysis (every 3 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use Page(s): 43, 76-77.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with pain in the neck radiating down to the right hand with numbness, and lower back pain radiating down both the left and right leg, more severe on the right with numbness. The request is for URINE TOXICOLOGY SCREEN. Patient's diagnosis per Request for Authorization form dated 05/06/15 includes cervical sprain, lumbar sprain, right shoulder sprain, myofascial pain. Physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion. Treatment to date has included physical therapy and medications. Patient's medications include Norco, Flexeril, Clonazepam, Duloxetine and Prilosec. The patient may return to work modified duty. MTUS, pg 43 Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. MTUS and ODG do support UDS's for opiate management. The request is for UDS is indicated for patient's undergoing opioid medication therapy. UDS dated 04/02/15 was provided. It appears this is a request for UDS performed at time RFA was submitted. Opioid medications are included in patient's prescriptions. There is no indication of prior UDS in provided medical records. This request appears reasonable and in accordance with guidelines. Therefore, the request is/was medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with pain in the neck radiating down to the right hand with numbness, and lower back pain radiating down both the left and right leg, more severe on the right with numbness. The request is for NORCO 10/325MG, #60. Patient's diagnosis per Request for Authorization form dated 05/06/15 includes cervical sprain, lumbar sprain, right shoulder sprain, myofascial pain. Physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion. Treatment to date has included physical therapy and medications. Patient's medications include Norco, Flexeril, Clonazepam, Duloxetine and Prilosec. The patient may return to work modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 12/08/14, 02/04/15, and 04/01/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco

reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. UDS dated 04/02/15 was provided, but no discussion of results, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Flexeril 7.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with pain in the neck radiating down to the right hand with numbness, and lower back pain radiating down both the left and right leg, more severe on the right with numbness. The request is for FLEXERIL 7.5MG, #30. Patient's diagnosis per Request for Authorization form dated 05/06/15 includes cervical sprain, lumbar sprain, right shoulder sprain, myofascial pain. Physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion. Treatment to date has included physical therapy and medications. Patient's medications include Norco, Flexeril, Clonazepam, Duloxetine and Prilosec. The patient may return to work modified duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. "MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodol 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Flexeril has been included in patient's medications, per progress reports dated 12/08/14, 02/04/15, and 04/01/15. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The request for additional prescription of Flexeril would exceed guideline recommendations. Therefore, the request is not medically necessary.

Clonazepam 1mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with pain in the neck radiating down to the right hand with numbness, and lower back pain radiating down both the left and right leg, more severe on the right with numbness.

The request is for CLONAZEPAM 1MG, #30. Patient's diagnosis per Request for Authorization form dated 05/06/15 includes cervical sprain, lumbar sprain, right shoulder sprain, myofascial pain. Physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion. Treatment to date has included physical therapy and medications. Patient's medications include Norco, Flexeril, Clonazepam, Duloxetine and Prilosec. The patient may return to work modified duty. MTUS Guidelines page 24 Benzodiazepines Section states: "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Clonazepam has been included in patient's medications, per progress reports dated 12/08/14, 02/04/15, and 04/01/15. It is not known when this medication was initiated. MTUS and ODG guidelines do not support the long-term use of benzodiazepines, thus the request for additional Clonazepam cannot be warranted. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with pain in the neck radiating down to the right hand with numbness, and lower back pain radiating down both the left and right leg, more severe on the right with numbness. The request is for PRILOSEC 20MG, #60. Patient's diagnosis per Request for Authorization form dated 05/06/15 includes cervical sprain, lumbar sprain, right shoulder sprain, myofascial pain. Physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion. Treatment to date has included physical therapy and medications. Patient's medications include Norco, Flexeril, Clonazepam, Duloxetine and Prilosec. The patient may return to work modified duty. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Prilosec has been included in patient's medications, per progress reports dated 12/08/14, 02/04/15, and 04/01/15. It is not known when this medication was initiated. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, treater has documented patient's GI risk assessment and benefit from medication, and it does not appear the patient is undergoing NSAIDs therapy. This request is not in accordance with guidelines and lacks documentation to warrant continuation. Therefore, the request is not medically necessary.

Urine drug analysis (every 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use Page(s): 43, 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with pain in the neck radiating down to the right hand with numbness, and lower back pain radiating down both the left and right leg, more severe on the right with numbness. The request is for URINE DRUG ANALYSIS (EVERY 3 MONTHS). Patient's diagnosis per Request for Authorization form dated 05/06/15 includes cervical sprain, lumbar sprain, right shoulder sprain, myofascial pain. Physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion. Treatment to date has included physical therapy and medications. Patient's medications include Norco, Flexeril, Clonazepam, Duloxetine and Prilosec. The patient may return to work modified duty. MTUS, pg 43 Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. MTUS and ODG do support UDS's for opiate management. The patient is undergoing opioid medication therapy. UDS dated 04/02/15 was provided, which appears to have been indicated. The treating physician, however, does not discuss the patient's opioid dependence risk and the reason for such frequent screening. Guidelines only support annual urine toxicology tests in low-risk patients. In addition, guidelines do not support open-ended request as this for "every 3 months. ' This request is not in accordance with guidelines. Therefore, the request is not medically necessary.