
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0002100	Date of Injury:	12/14/2004
Claims Number:	[REDACTED]	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/18/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:	Cyclobenzaprine 10mg, #60 and urine drug screen, #1		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 12/14/2004. This patient's treating diagnosis is 337.2 or reflex sympathetic dystrophy. The patient was initially injured while at work on 12/14/2004. Injuries to both shoulders have been accepted as part of this injury. On 06/03/2013 the treating physician noted that the patient complained of bilateral upper extremity pain and that the pain was 60 percent better in her arms from a spinal cord stimulator. The patient is been treated with Cymbalta, Flexeril, Lidoderm, metformin and Norco. On exam, the patient was tender just above the spinal cord stimulator site and the patient had 60 percent decreased cervical motion with associated pain. Treatment plan was to continue the patient's current medications and to refer the patient to a neurologist and to proceed with appropriate toxicologic urine testing. Initial physician reviewer recommended that both of the requests of cyclobenzaprine and urine drug screen were not supported as medically necessary. A detailed Appeal Letter on this case discusses at length indications in general for urine drug screening.

IMR DECISION(S) AND RATIONALE(S)

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

1. Cyclobenzaprine 10mg, #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril), pgs. 41-42, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Medical Treatment Utilization Schedule Section on muscle relaxants, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Medical Treatment Utilization Schedule section on muscle relaxants states regarding cyclobenzaprine "recommended for short course of therapy. Limited, mixed evidence does not allow recommendation for chronic use." The records and Appeal Letter do not provide an alternative rationale to support this request for cyclobenzaprine in a chronic setting. Therefore, this request is not medically necessary.

2. Urine drug screen is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, pg. 43, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Drug Testing, which is part of the MTUS and Official Disability Guidelines (ODG) Treatment in Workers' Compensation/Pain/Urine Drug Testing, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Drug Testing states "recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs." This is detailed further in Official Disability Guidelines/Treatment in Workers' Compensation/Pain/Urine Drug Testing, which notes "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." The Appeal Letter in this case goes into great detail regarding general principles of determining the frequency of urine drug screening but does not clearly apply these principles specifically to this patient. Overall, the medical records do not include an assessment of risk of abhorrent behavior sufficient to determine a frequency of urine drug screening as recommended guidelines. Therefore, this request is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0002100