

Case Number:	CM13-0006189		
Date Assigned:	09/13/2013	Date of Injury:	12/10/2008
Decision Date:	01/23/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

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 Family Medicine, and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old injured worker who reported an injury on 07/02/2008. The patient has diagnoses to include fusion T6-L1, lumbar spinal stenosis and radiculopathy, caudal equina syndrome, complex chronic pain syndrome, situational depression, morbid obesity, hypertension, sleep apnea, erectile dysfunction, and gastrointestinal problems status post cholecystectomy. The patient is currently being recommended for medication management, urine drug screen, and CMP. The patient has complaints of low back pain radiating to the leg bilaterally and rates pain at 9/10 without medications and 6/10 with medications. A medical record also indicates that the patient had functional improvement with medications, which allowed him to perform ADLs as well as exercise program. It is noted that the patient has decreased lumbar spine range of motion with tenderness, absent Achilles reflexes, positive left straight leg raise, and hypoesthesia in the L4 and L5 dermatomes. Lastly the patient has undergone at least 3 urine drug screens in 2013 that were consistent with prescription of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue butrans patch 10 mcg #8 times 1 month, is medically necessary and appropriate.:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS Guidelines do recommend Butrans patches as an option for chronic pain patients, especially in those who have a history of opiate addiction. The patient does not have evidence of opioid dependency; however, he does have a history of chronic back pain. The patient does report decreased pain and increased function with medication regimen. There is a lack of inconsistent urine drug screens. Therefore, the patient would benefit from continued use of Butrans patches for long acting pain relief. The request for Butrans patch 10 mcg #8 times 1 month, is medically necessary and appropriate.

Random urine drug screening to be conducted once each quarter (4 times per year):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California MTUS Guidelines do recommend urine drug screens to assess for the presence of illegal drugs and with ongoing management of opioids. However, performing urine drug screens 4 times a year would be excessive. There is no evidence of aberrant drug seeking behaviors. Furthermore, the patient has undergone at least 3 urine drug screens in 2013 that were consistent. The request for random urine drug screening to be conducted once each quarter (4 times per year) is not medically necessary and appropriate.

Tizanidine 4mg, quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states, muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report chronic pain. Physical examinations from 01/2013-05/2013 reveal no changes to indicate functional improvement. The request for Tizanidine 4mg, quantity 90, is not medically necessary and appropriate.