

Case Number:	CM13-0014293		
Date Assigned:	03/12/2014	Date of Injury:	02/01/2005
Decision Date:	04/15/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/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 injured worker is a 58 year old woman with a date of injury of 2/1/05. She was seen by her primary treating physician on 8/1/13 with complaints of 6/10 low back pain which radiated to her legs, mid back and shoulder blades. She had just received a toradol injection for unbearable pain two days prior to the appointment. Her objective findings documented weight, height, BMI and vital signs. Her diagnoses included lumbar radiculopathy, prescription narcotic dependence, right knee internal derangement status post total knee arthroplasty, chronic pain related depressive anxiety, right rotator cuff tear, right knee pain, right torso and flank musculoskeletal pain, chronic pain syndrome and related insomnia, myofascial syndrome, neuropathic pain. Her treatment plan included a urine drug screen, continued aquatic therapy, pamelor and zanaflex prescriptions which are at issue in this review. This was in addition to prescriptions for lidoderm patch, norco and flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUG SCREEN BETWEEN 7/11/13 AND 9/29/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

Decision rationale: This injured worker has a history of chronic pain since 2005. She has had various treatment modalities including surgery and numerous medications including opioids. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opiod use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has been completed. Though she has the diagnosis of chronic pain syndrome and prescription narcotic dependence, the records fail to document any issues of abuse or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.

SIXTEEN (16) SESSIONS OF AQUATIC THERAPY BETWEEN 7/11/13 AND 9/29/13:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 78, 93, & 98.. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES 2ND EDITION, 2004, 12- LOW BACK COMPLAINTS/AQUATIC THERAPY, 93

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: ANTIDEPRESSANTS FOR CHRONIC PAIN.

PRESCRIPTION OF PAMELOR 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

Decision rationale: Per the MTUS, pamelor or nortriptyline is a tricyclic antidepressant which is used as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. This injured worker has a history of depression but no documented diagnosis or physical exam evidence of neuropathic pain or why she requires this medication in addition to opioids. The records do not support the medical necessity of pamelor.

PRESCRIPTION OF ZANAFLEX 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

Decision rationale: Zanaflex or tizanidine is a muscle relaxant used in the management of spasticity. This injured worker has chronic back pain with an injury sustained in 2005. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any spasm on physical exam . The medical necessity for zanaflex is not supported in the records.