

Case Number:	CM13-0016359		
Date Assigned:	11/06/2013	Date of Injury:	03/22/2002
Decision Date:	01/08/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational medicine 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial lifting injury of March 22, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; multiple lumbar epidural steroid injections; left L5 hemilaminectomy surgery in 2003; revision laminectomy and fusion surgery in 2004; subsequent removal of surgical hardware in 2009; right and left knee surgeries in 2010; and permanent work restrictions. In a utilization review report of August 21, 2013, the claims administrator certified request for Subutex, Norco, and Topamax. One urine drug screen was partially certified. Zanaflex was not certified. The applicant's attorney later appealed, on August 22, 2013. In a letter dated August 20, 2013, the attending provider wrote that he believed that Zanaflex would help the applicant's pain and spasm. In a progress note of July 3, 2013, it is noted that the applicant presents with 8/10 low back pain, is using different herbal medications, has a BMI of 30, is taking Norco, Nucynta, Topamax, and Zanaflex. A spinal cord stimulator trial is sought. In a July 8, 2013 note, the attending provider writes that only quantitative screening allows definite identification of medications being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two drug screens over 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

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) Chronic Pain Chapter, Criteria for Use of Urine Drug Testing.

Decision rationale: THE MTUS Chronic Pain Medical Treatment Guidelines regarding drug testing does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for establishing a frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines (ODG), Chronic Pain chapter Urine Drug Testing Topic, confirmatory drug testing is generally not recommended except in the context of evaluating individuals in the emergency department following suspected drug overdose. In this case, the attending provider has not furnished a compelling rationale for drug testing. While performing urine drug testing twice annually in an individual using opioids chronically such as the employee is appropriate, no compelling rationale has been set forth for the confirmatory testing being proposed here. The request for two drug screens over 12 months is not medically necessary and appropriate.

Zanaflex 4mg, quantity 60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, page 66, does endorse usage of tizanidine or Zanaflex for off-label purposes in the treatment of low back pain. In this case, however, there is no evidence that the employee has any functional improvement as defined in MTUS through prior usage of tizanidine. The employee does not appear to have returned to work. There is no evidence of diminished reliance on medical treatment effected through prior usage of Zanaflex. Rather, the employee is using other opioid and non-opioid analgesics. Thus, while tizanidine could have been supported here were there is some evidence of functional improvement effected through prior usage of tizanidine, the employee seeming inability to return to work and concurrent usage of multiple opioid and non-opioid analgesics indicates lack of functional improvement. The request for Zanaflex 4mg, quantity 60 is not medically necessary and appropriate.