MAXIMUS Federal Services

Case Number:	CM13-0016424		
Date Assigned:	11/06/2013	Date of Injury:	10/30/1994
Decision Date:	02/12/2014	UR Denial Date:	08/02/2013
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, chronic neck pain, and depression reportedly associated with an industrial injury of October 30, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an epidural steroid injection on May 16, 2013; and psychotropic medications. It does not appear that the applicant has returned to work with said limitations in place. In an August 21, 2013 appeal letter, the applicant's attorney notes that the applicant has been treated non-operatively. It is stated that usage of medications has avoided invasive interventions and kept the applicant out of a wheelchair. In an August 28, 2013 progress note, the applicant is described as having had a recent epidural steroid injection on May 16, 2013. She is stable with her current medication usage and her pool exercise program. The applicant continues to report low back pain radiating to the right leg. She is on Celebrex, tramadol, Zanaflex, and Lidoderm from a medical standpoint and Wellbutrin, galantamine, Namenda, and Risperdal from a mental health standpoint. The applicant undergoes drug testing in the clinic which includes confirmatory testing. Several different opioid metabolites are tested for. Results are positive for tramadol. Multiple medications are renewed. The applicant's work status is not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #30: Upheld

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

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

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine or Zanaflex is FDA approved in the management of spasticity. It is weakly endorsed for off-label usage in the treatment of low back pain, as is present here. In this case, however, there is no clear-cut evidence of lasting benefit or functional improvement achieved through prior usage of Tizanidine. The applicant does not appear to have returned to work. She continues to remain highly dependent on various other medical treatments, including analgesic medications, epidural injections, etc., all of which, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified

. Random urine drug screen 4x year: Upheld

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

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse urine drug testing in the chronic pain population, the MTUS does not describe specific parameters for or establish a frequency with which to perform drug testing. As noted by ODG, confirmatory testing is generally not recommended outside of the emergency department context. In this case, however, the attending provider did perform confirmatory testing on August 20, 2013 and apparently did so prior to October 20, 2013. This is not indicated. It is further noted that the attending provider has not provided any compelling rationale for the drug test and/or drug panels which he is selecting. Several ODG criteria for pursuit of urine drug testing have not seemingly been met. Therefore, the request is not certified.

Lidoderm patches #60 is not medically necessary and appropriate: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is recommended for local peripheral pain/neuropathic pain in those individuals who have tried and failed a first-line antidepressant and/or anticonvulsant. In this case, however, the applicant is described as using atypical antidepressants such as Wellbutrin

with good effect for neuropathic pain and depression. Addition of topical Lidoderm appears superfluous. Therefore, the request is not certified.