

Case Number:	CM13-0017486		
Date Assigned:	03/24/2014	Date of Injury:	06/03/2011
Decision Date:	05/02/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/19/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 3, 2011. 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; adjuvant medications; and muscle relaxants. In a Utilization Review Report of July 22, 2013, the claims administrator apparently partially certified Hydrocodone for routine purpose, approved Dilantin, Butrans, and denied Tizanidine and urine drug test, however. The applicant's attorney subsequently appealed. In an October 3, 2013 progress note, the attending provider noted that the applicant had ongoing issues with neck and low back pain. In an appeal letter of October 3, 2013, the attending provider complained that the utilization reviewer was not a chronic pain physician. The attending provider wrote that the applicant has reported an improvement in function as a result of ongoing opioid therapy. Very little applicant-specific information was provided. On July 30, 2013, the attending provider noted that the applicant had persistent neck and low back pain radiating to the upper and lower extremities with associated fatigue, insomnia, headaches, and jaw pain. The applicant was given diagnosis of lumbar radiculopathy, cervical radiculopathy, depression, anxiety, chronic pain syndrome, and insomnia secondary to chronic pain. Neurontin was discontinued. Lyrica, a gym membership, Tizanidine, Lortab, and Butrans were endorsed. The applicant's work status was not clearly stated. An earlier note of July 2, 2013 stated that the applicant was limited in terms of performing activities of daily living as basic as self-care, personal hygiene, ambulating, hand function, and sleep. On April 23, 2013, the attending provider performed non-standard urine drug testing which included test for multiple barbiturate metabolites, multiple benzodiazepine metabolites, 10 different phenothiazine metabolites, and several opioid metabolites as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF HYDROCODONE/APAP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids topic. Page(s): 80.

Decision rationale: Hydrocodone-acetaminophen is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include Final Determination Letter for IMR Case Number CM13-0017486 4 evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. There is no evidence that the applicant has returned to work. The applicant reports heightened pain complaints. The applicant is seemingly limited in terms of performance of even basic activities of daily living, including self-care, personal hygiene, etc. Continuing opioid therapy is not indicated, given the applicant's failure to return to any form of work and failure to effect any improvement in terms of performance of activities of daily living as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.

PRESCRIPTION OF TIZANIDINE: 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 Tizanidine section, and MTUS 9792.20f. Page(s): 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Tizanidine can be employed off label in the management of low back pain, however, in this case, as with the other drugs, the applicant has failed to achieve any lasting benefit or functional improvement through prior usage of Tizanidine. The applicant is off of work. The applicant is seemingly limited in terms of performance of even basic activities of daily living such as self-care and personal hygiene. The applicant remains highly reliant on multiple analgesic and adjuvant medications. All of the above, taken together, argue against any functional improvement effected through prior Tizanidine usage. Therefore, the request for Tizanidine is not medically necessary, on Independent Medical Review.

RANDOM DRUG TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 7th edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for authorization for testing. In this case, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for. Earlier, on April 23, 2013, the attending provider tested for multiple opioid metabolites, multiple phenothiazine metabolites, and multiple barbiturate metabolites. This non-standard testing did not conform to the best practices standards of the United States Department of Transportation (DOT), which ODG recommends adhering to while testing. Additionally, the attending provider did not clearly attach the applicant's complete medication list to the request for authorization for testing, nor did the attending provider clearly state when the applicant was last tested. Therefore, the request is not medically necessary as several ODG criteria for testing have not seemingly been met.