

<b>Case Number:</b>	CM13-0027708		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 pain syndrome reportedly associated with an industrial injury of November 10, 2010. 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; and muscle relaxant agents. In a Utilization Review Report dated August 28, 2013, the claims administrator partially certified Tizanidine, apparently for weaning purposes, partially certified Ultracet, also for weaning purposes, denied a urine drug screen, denied quarterly laboratory testing, and denied quarterly hepatic and arthritis panels. The applicant's attorney subsequently appealed. In a November 6, 2013 progress note, the applicant was described as reporting persistent complaints of pain and psychological stress, collectively reported at 8/10. The applicant is having difficulty sleeping secondary to pain. It was acknowledged. The applicant was described as having an active lumbar radiculopathy, reportedly electrodiagnostically confirmed. Naprosyn, Prilosec for gastroprotective purposes, Ultracet, and Tizanidine were endorsed. Tizanidine was apparently endorsed for muscle spasm. Permanent work restrictions are renewed. The applicant did not appear to be working with permanent limitations in place. On September 20, 2014, the attending provider sought authorization for urology consultation for urinary incontinence and erectile dysfunction and also sought medical transportation for the applicant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG, #90, WITH 1 REFILL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 66, Tizanidine section.2. MTUS Chronic Medical Treatment Guidelines, page 7.3. MTUS 9792.20f. Page(s): 7, 66.

**Decision rationale:** While page 66 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into choice of recommendations. In this case, however, the applicant is seemingly off of work. The applicant has permanent work restrictions which remain in place, seemingly unchanged, from visit to visit. The applicant's pain complaints are heightened and are scored in the 8/10 range, despite ongoing usage of Tizanidine. Tizanidine does not appear to have diminished the applicant's reliance on other medications and/or other forms of medical treatment, including consultations with various providers in various specialties. In short, ongoing usage of Tizanidine does not appear to have generated any lasting benefit or functional impairment or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request for Tizanidine is not medically necessary.

**ULTRACET 37.2/325MG, #90, WIH 1 REFILL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 80, When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working. The applicant's pain complaints are consistently scored as high, in the 8/10 range, despite ongoing usage of Ultracet. There is no clear demonstration or documentation of any lasting improvements in function achieved as a result of ongoing Ultracet usage. Therefore, the request for Ultracet is not medically necessary.

**URINE DRUG SCREEN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 43, 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 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, an attending provider should clearly attach a list of those drug tests and/or drug panels which he intends to test for along with the request for testing and should, moreover clearly state when the last time an applicant was tested. An attending provider should also attach the applicant's complete medication list to the request for authorization for testing. In this case, however, these criteria were not met. It was not stated when the applicant was last tested. It was not clearly stated which drug tests and/or drug panels are being sought. The applicant's complete medication list was not clearly documented on several recent progress notes provided. Therefore, the request is not medically necessary.

**LAB: CBC, CRP, AND CHEM 8, QUARTERLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, Page(s): 70.

**Decision rationale:** While page 78 of the MTUS Chronic Medical Treatment Guidelines does support intermittent CBC, renal, and hepatic function testing in applicants using NSAIDs, the MTUS acknowledges that the interval of repeating laboratory testing has not been established. In this case, the attending provider did not state why quarterly testing was needed or indicated here. It is further noted that the CRP is a marker of inflammatory arthropathy or inflammatory arthritis. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that screening for inflammatory or autoimmune issues of joint pain can be useful in certain applicants in who said disease processes are suspected, in this case, however, there is no clearly voiced suspicion of any kind of inflammatory arthropathy involving any of the joints in question. There was no clearly voiced suspicion of any autoimmune sources of joint pain being present here. Therefore, the request is not medically necessary.

**HEPATIC AND ARTHRITIS PANELS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, Page(s): 70.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that testing for autoimmune disease and/or sources of inflammatory arthropathy can be useful in applicants in whom inflammatory joint pain is suspected, in this case, however, it was not clearly stated that inflammatory joint pain was suspected here. No rationale for the arthritis panel portion of the request was proffered by the attending provider. While page 70 of the MTUS Chronic Medical Treatment Guidelines does support periodic hepatic function testing in applicants using NSAIDs, such as the applicant in question here, who is using Naprosyn; conditional, qualified, or partial certifications are not permissible through the Independent Medical Review process. Since the arthritis panel component of the request cannot be supported, the entire request is deemed not medically necessary.