

Case Number:	CM13-0036272		
Date Assigned:	12/13/2013	Date of Injury:	05/17/2010
Decision Date:	02/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 32-year-old female who reported an injury on 05/17/2010 due to a bending motion which ultimately resulted in cervical fusion surgery. The patient developed chronic lumbar and cervical spine pain that was managed with medications, a TENS unit, trigger point injections and marijuana. The patient was regularly monitored with urine drug screens. The patient's most recent clinical evaluation documented that the patient's medications included Flexeril, Savella, Lunesta and marijuana. The patient's most recent clinical examination findings included positive left-sided straight leg raise test with decreased sensation in the left foot and decreased strength in the left lower extremity in dorsiflexion and plantar flexion. It was documented that the patient had decreased range of motion of the cervical spine and lumbar spine in all planes and spasming and tenderness to palpation in the left trapezius. The patient's treatment plan included medication refills and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested omeprazole is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends a gastrointestinal protectant when the patient is at risk for gastrointestinal events related to nonsteroidal anti-inflammatory drug usage. The clinical documentation submitted for review does not provide any evidence that the patient is taking any nonsteroidal anti-inflammatory drugs that would put the patient at risk for gastrointestinal events. Therefore, the continued use of omeprazole would not be medically necessary or appropriate.

Tizanidine 4 mg, #150: Upheld

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

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

Decision rationale: The requested tizanidine 4 mg #150 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has muscle spasming that would benefit from medication usage. However, it is also noted that the patient is consistently treated with trigger point injections. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for acute exacerbations of muscle spasming. The clinical documentation submitted for review provides evidence that the patient is on a daily regimen of this medication. Therefore, how it addresses acute exacerbations is not clearly defined. Additionally, the clinical documentation submitted for review does not provide any evidence of significant symptom relief or functional benefit related to this medication. The patient's examinations consistently document that the patient has muscle spasming that requires trigger point injections. Therefore, the effectiveness of this medication is not clearly established. As such, the requested tizanidine 4 mg #150 is not medically necessary or appropriate.

Terocin lotion x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested Terocin lotion is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics as there is not enough scientific data to support the efficacy of these products. The requested Terocin cream contains methyl salicylate, capsaicin, menthol and lidocaine. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol as a topical agent for osteoarthritic pain. However, capsaicin is only recommended for patients who are intolerant or unresponsive to other treatments, to include oral analgesics.

The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate or has been unresponsive to other treatments. The California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream, lotion or gel, as it is not FDA-approved for the use of neuropathic pain. As such, the requested Terocin lotion times 2 is not medically necessary or appropriate.

Urine Drug Screen: 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: The requested urine drug screen is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is on medication that would require regular monitoring. However, the California Medical Treatment Utilization Schedule recommends drug testing when there is suspicion of illicit drug use. The clinical documentation submitted for review does not provide any evidence that the patient displays any behaviors that would provide suspicion of illicit drug use. Additionally, there is no documentation that the patient displays any aberrant behaviors. The Official Disability Guidelines recommend yearly testing for patients at low risk for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has already undergone several urine drug screens that have all been consistent with the patient's documented medication schedule. As such, the requested urine drug screen is not medically necessary or appropriate.