

Case Number:	CM13-0036663		
Date Assigned:	12/18/2013	Date of Injury:	09/04/2007
Decision Date:	04/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 43-year-old male who reported an injury on 09/04/2007. The mechanism of injury was not provided. The patient's medication history was noted to include Zanaflex, Ambien, and Xodol in 2012. The patient was noted to undergo multiple urine drug screens. The examination on 09/05/2013 revealed the patient had failed neck syndrome and continued to have increasing cervical pain and pain radiating to the scapular area. The patient's pain without medications was 10/10, and with medications 4/10. It was indicated that the medications that were prescribed were keeping the patient functional, allowing for increased mobility and tolerance of ADLs and home exercises. The diagnoses were noted to include post laminectomy syndrome of the cervical region, bicipital tenosynovitis, pain in the joint shoulder region, intervertebral cervical disc disorder with myelopathy cervical region, degeneration of cervical intervertebral disc, cervicalgia, brachial neuritis or radiculitis NOS, encounter for therapeutic drug monitoring, and other acute reactions to stress. The request was made for medications refills and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ZANAFLEX 4MG #90: 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 California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was a lack of documentation of the objective functional improvement received from the medication. Given the above, the request for 1 prescription of Zanaflex 4 mg #90 is not medically necessary.

1 PRESCRIPTION OF AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Chronic) Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, AMBIEN

Decision rationale: Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation of objective benefit that was received from the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 prescription of Ambien 10 mg #30 is not medically necessary.

1 PRESCRIPTION OF XODOL 10/300MG #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The patient was noted to be on the medication since 2012. Given the above, the request for 1 prescription for Xodol 10/300 mg #120 is not medically necessary.

1 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 ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that urine drug screens are appropriate for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the patient had multiple urine drug screens previously. There was a lack of documentation indicating the patient had documented issues of abuse, addiction, or poor pain control to support the necessity. Given the above, the request for 1 urine drug screen is not medically necessary