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| Case Number: | CM13-0036769 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 09/20/2011 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 10/01/2013 |
| 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 Family Practice, and is licensed to practice in Arizona. 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 female with a date of injury of 9/20/11. The patient has had ongoing symptoms related to her lower back. She has diagnoses of disc displacement and neuralgia/neuritis. Subjective complaints include low back pain and spasm with pain radiating up her lower back. Physical exam shows mild decreased lumbar range of motion, and decreased sensation in the S1 distribution. Medications include Norco, Anaprox, Zanaflex, Prilosec, and Lidoderm patches. An office visit note dated 10/10/12 stated that Zanaflex was not helpful and would no longer be prescribed. Other treatment modalities include home and pool exercise. Two urine drug screens were noted to contain amphetamine metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #100: 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): 63-64.

Decision rationale: The California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with

chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Zanaflex. Due to clear guidelines suggesting Zanaflex as short term therapy, the requested prescription is not medically necessary.

URINE DRUG SCREENING: Overturned

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 OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

Decision rationale: The California MTUS supports drug screening to test for illegal drugs and compliance with medication regimens. The Official Disability Guidelines recommend urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For patients at low risk for addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. Patients at intermediate risk should be tested 3-4 times a year. Those patients at high risk of adverse outcomes may require testing as often as once a month. This patient had aberrant results on two previous drug screens, which would at least stratify the patient into an intermediate risk category. For this patient, urine drug screening is supported by the guidelines and clinical documentation. Therefore, urine drug screening is medically necessary.