

<b>Case Number:</b>	CM13-0058147		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 52-year-old female who reported an injury on 08/26/2008 after a slip and fall. The injured worker's treatment history included spinal lumbar fusion in 03/2011, acupuncture, aquatic therapy, physical therapy, multiple medications, and psychological support. The injured worker was examined on 11/07/2013. It was documented that the injured worker had low back pain radiating into the bilateral lower extremities and neck pain radiating into the bilateral upper extremities. The injured worker's pain levels were described as 7/10 with medications and 10/10 without medications. It was documented that the injured worker had undergone a C5-7 epidural steroid injection on 11/04/2013 that provided 50% to 80% improvement in pain levels. Physical examination revealed limited range of motion of the cervical spine secondary to pain and 16 to 18 fibro tender points. The injured worker's diagnoses included lumbar radiculopathy, cervical radiculopathy, fibromyalgia, headaches, depression, anxiety, chronic pain, medication related dyspepsia, and status post removal of lumbar spine hardware. The injured worker's treatment recommendations included a urine drug screen, Prozac, Neurontin, Protonix, Zanaflex, and Topamax. The injured worker was examined on 04/08/2014. It was documented that the injured worker had 8/10 with medications increased to 10/10 without medications. It was documented that a CURES report was consistent. It was documented that the injured worker had persistent pain that negatively impacted her functionality and had failed to respond to conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE USAGE OF 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:** California Medical Treatment Utilization Schedule does recommend the use of urine drug screens to assess an injured worker for medication compliance when opioids are used in the management of chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker is taking any opioids to assist with managing chronic pain. California Medical Treatment Utilization Schedule recommends urine drug screens to assess injured workers who exhibit symptoms of illicit drug use. There is no documentation that the injured worker has any signs or symptoms of illicit drug use. Therefore, the need for a urine drug screen is not clearly established. As such, the requested prospective usage of urine drug screen is not medically necessary or appropriate.

**PROSPECTIVE USAGE OF FLUOXETINE 20MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends short-term use of antidepressants for stress related symptoms. California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that continued use of medications be supported by documented functional benefit and pain relief. The clinical documentation does indicate that the injured worker has a reduction in pain as a result of medication usage. However, there is no documentation of functional benefit relating to medication usage. As such, the prospective usage of fluoxetine 20 mg #120 is not medically necessary or appropriate.

**PROSPECTIVE USAGE OF GABAPENTIN 600 MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain; Anti-Epileptics Page(s): 60, 16.

**Decision rationale:** California Medical Treatment Utilization Schedule does support the use of anticonvulsants in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has a reduction in pain as a result of medication usage. However, an increase in functionality is not documented. Therefore, continued use of this medication would not be supported. As such, the prospective usage of gabapentin 600 mg #60 is not medically necessary or appropriate.

**PROSPECTIVE USAGE OF TIZANIDINE 4MG #60:** 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): 43.

**Decision rationale:** California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The California Medical Treatment Utilization Schedule recommends that muscle relaxants be used for short durations of treatment not to exceed 4 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker had been on this medication for more than 1 month. Therefore, continued use would not be supported. As such, the prospective usage of tizanidine 4 mg #60 is not medically necessary or appropriate.

**PROSPECTIVE USAGE OF TOPAMAX 25MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**Decision rationale:** California Medical Treatment Utilization Schedule does support the use of anticonvulsants in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has a reduction in pain as a result of medication usage. However, an increase in functionality is not documented. Therefore, continued use of this medication would not be supported. As such, the prospective usage of Topamax 25 mg #30 is not medically necessary or appropriate.