

<b>Case Number:</b>	CM13-0067856		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/10/2003
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on September 10, 2003. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar spine surgery, consultation with a pulmonologist and a gastroenterologist, and extensive periods of time off of work. A clinical progress note from December 31, 2013 is notable for comments that the applicant has gained weight. The applicant has ongoing issues with chronic low back pain. The applicant is obese with a BMI of 37. The applicant's medication lists include Tizanidine, Kadian, Neurontin, Cymbalta, Senna, Levitra, Ambien, Wellbutrin, estazolam, Buspar, melatonin, and Flonase. The applicant's medical history includes chronic low back pain, sleep apnea, reflux, constipation, rhinitis, headaches, abdominal bloating, and erectile dysfunction. The applicant is reportedly disabled. Medications are renewed. The applicant is asked to try and minimize his medication profile, however. He is asked to try and lose weight. An October 16, 2013 progress note is notable for comments that the applicant reports persistent neck and low back pain at 6-8/10. The applicant's pain increases with motion. The applicant is reportedly depressed. He is on Kadian, Neurontin, and Cymbalta. Multiple tender points are noted. The applicant is given trigger point injections in the clinic, as well as an SI joint injection. Kadian, Senna, Neurontin, Cymbalta, and Zanaflex are endorsed. A December 17, 2013 progress note is notable for comments that the applicant is having headaches, neck pain, shoulder pain, back pain, stress, depression, and insomnia. Medications are refilled. A lumbar spine kit is prescribed. The applicant is asked to follow up with a psychiatrist. The April 3, 2013 drug screen results are reviewed. The attending provider apparently tested for multiple benzodiazepine metabolites, multiple barbiturate

metabolites, multiple phenothiazine metabolites, and multiple antidepressant metabolites. The only substance which came up positive was an opioid metabolite, hydromorphone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ZANAFLEX:** Upheld

**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 Page(s): 66.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex is FDA approved for the management of spasticity and can be employed off label for low back pain. In this case, the applicant has employed this particular agent chronically and has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on multiple different opioid and non-opioid agents. The applicant's ability to perform activities of daily living is seemingly diminished as opposed to improved despite ongoing usage of Zanaflex. Accordingly, the request is not certified.

**THE URINE DRUG SCREEN PERFORMED ON APRIL 3, 2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines endorses intermittent urine 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. The Official Disability Guidelines states that an attending provider should clearly attach an applicant's complete medication list to a request for testing and should, furthermore, clearly state which drug tests and/or drug panels he is testing for. An attending provider should also state when the last time an applicant was tested. An attending provider should also attempt to conform to the best practices of [REDACTED] while performing said drug testing. In this case, however, the April 3, 2013 drug testing tested for six different barbiturate metabolites, 10 different phenothiazine metabolites, and multiple opioid and tricyclic antidepressant metabolites. These tests did not, thus, conform to the best practices of [REDACTED]. Several ODG criteria for the pursuit of drug testing have not been met. Therefore, the request is retrospectively not certified.

