

<b>Case Number:</b>	CM13-0072527		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 and Rehabilitation, and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 07/22/2010. The mechanism of injury was not specifically stated. Current diagnoses include lumbar spine sprain and strain, left shoulder parascapular strain, cervical spine sprain and strain, and complaints of sleep disorder. The injured worker was evaluated on 11/22/2013. The injured worker reported persistent left shoulder, lower back, and cervical spine pain. Current medications include Vicodin, Zanaflex, and Prilosec. Physical examination revealed tenderness to palpation of the left shoulder, limited range of motion, and unchanged cervical and lumbar spine examinations. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500 MG (#60):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Vicodin since 05/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is non-certified.

**ZANAFLEX 4 MG (#90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is no frequency or quantity listed in the current request. As such, the request is non-certified.

**RANDOM URINE SAMPLE QUANTITY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there was no evidence of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is non-certified.