MAXIMUS Federal Services

Case Number:	CM14-0007618		
Date Assigned:	02/10/2014	Date of Injury:	08/12/2002
Decision Date:	07/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 56-year of with an August 12, 2002 date of injury after a slip and fall. She is status post several lumbar surgeries including a decompression on March 8, 2011 and an ADLF of L4/5 and L5/S1 on May 21, 2013 after failed conservative therapies. On October 24, 2013 the patient was noted to have ongoing low back pain with radiation to the right buttock. She was seen on December 19, 2013 and stated her (unspecified) pain was better and that her medication helped. She submitted a Urine drug screen (UDS). Of note, the patient submitted urine drug screen sin April, July, and October of 2013 as well which were noted to be compliant. She is noted to be on Norco, Zanaflex, and Gabapentin. Exam findings revealed decreased range of motion of the LS spine by 20%, normal gait, negative straight leg raise, normal reflexes and power testing in upper and lower extremities, and minimal lumbar tenderness. Her diagnosis is recurrent disc herniation at L4/5 and L5/S1 with post laminectomy instability, cervical spondylosis/strain, and status post ADLF from L4-S1 on May 21, 2013. Treatment to date: lumbar decompression on March 8, 2011ADLF of L4/5 and L5/S1 on May 21, 2013, physical therapy, left shoulder surgery, medications, lumbar epidural injection. A UR decision dated December 31, 2013 denied the request for a urine drug screen (UDS) given the patient had received UDS in July and October of 2013 and the patient was not felt to be at high risk for abuse. The request for Neurontin was modified as the patient was noted to be using this medication chronically since at least April of 2012, and there was no documentation that this medication resulted in any improvement in the patient's condition. The modification from #90 to #45 was to allow for a taper as the medication should not be discontinued abruptly. The request for Zanaflex was denied given the medication had been prescribed this mediation since at least April of 2012 chronically and there was no sufficient documentation to indicate any improvement in the patient's condition, nor was the patient using this medication for an acute low back exacerbation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There is no indication that this patient is high risk for abuse or diversion of her medications. Guidelines recommend an annual UDS for low risk patients, and quarterly urine drug screens for high risk patients. The patient had UDS in April, July, and October of 2013, which were noted to be compliant with regard to her prescriptions. There is no indication that the patient is high risk. The request for one urine drug screen is not medically necessary or appropriate.

ONE PRESCRIPTION OF NEURONTIN 800MG, NINETY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA resource on Neurontin.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Gabapentin (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. This medication was modified to allow for a taper in the UR decision dated December 31, 2013 as there was no indication of functional improvement or pain reduction with regard to this medication. The patient is noted to have been on this medication for years. There has been scant information regarding functional gains or pain reduction with regard to the ongoing use of this medication. In the most recent documentation from December 19,2013, the patient does not describe her subjective complaints, but only that her pain was improved with her medication. In addition, there is no description of, or diagnosis of, pain consistent with radicular or neuropathic pain. There was no documentation of VAS pain ratings with and without this medication, and no description of functional gain or maintenance. The request for one prescription of neurontin 800mg, ninety count, is not medically necessary or appropriate.

ONE PRESCRIPTION OF ZANAFLEX 4MG #120: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the Chronic Pain Medical Treatment Guidelines also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. The patient is noted to have been on this medication chronically for years, exceeding the treatment guidelines for a short duration of use. In addition, there is no description of pain reduction on VAS or functional gains with regard to this medication. The request for one prescription of zanaflex 4mg, 120 count is not medically necessary or appropriate.