

Case Number:	CM14-0018189		
Date Assigned:	04/18/2014	Date of Injury:	10/23/2011
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 55-year-old male who reported an injury on 10/23/2011. The mechanism of injury was not stated. Current diagnoses include right lateral epicondylitis, radiculopathy, and thoracic degenerative disc disease. The injured worker was evaluated on 03/05/2014. The injured worker reported significant improvement following a thoracic epidural steroid injection. The injured worker reported 8/10 pain. Current medications include Norco 10/325 mg, Klonopin 0.5 mg, Zanaflex 6 mg, and Ambien 10 mg. Physical examination revealed tenderness to palpation of the thoracic spine, decreased sensation at the T6 dermatome bilaterally, positive tenderness over the right elbow extensor tendon insertion, and 2+ deep tendon reflexes bilaterally. Treatment recommendations at that time 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:

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 43, 77, 99

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 is 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 for repeat testing has not been established. Therefore, the request is non-certified.

KLONOPIN 0.5MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 24

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker does not maintain a diagnosis of anxiety disorder. The injured worker has utilized Klonopin 0.5 mg since 10/2013. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. There is also no frequency listed in the current request. Therefore, the request is non-certified.

ZANAFLEX 6MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MUSCLE RELAXANTS FOR PAIN, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 63-66

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as a 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. The injured worker has utilized Zanaflex 6 mg since 10/2013. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. Therefore, the request is non-certified.