

Case Number:	CM14-0019845		
Date Assigned:	04/28/2014	Date of Injury:	11/12/2009
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Rehabilitation and 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 48-year-old male who reported an injury on 11/22/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker was treated conservatively with epidural steroid injections, acupuncture, physical therapy, and modified work duties. The injured worker was evaluated on 12/20/2013. A prescription for Zanaflex and Fexmid was written to treat spasming and to allow for the injured worker to resume activity and function. Physical findings included tenderness to palpation of the lumbosacral spine with decreased sensation of the right lower extremity in the L5-S1 dermatomal distribution. The injured worker's diagnoses included status post sprain/strain of the lumbar spine with right lower extremity radiculopathy, status post L4-5 laminectomy/foraminotomy. The injured worker's treatment plan included a request for authorization for Zanaflex, a urine drug screen, and a complete blood count to assess for liver and renal function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANDINE 4MG, #90: 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): 63.

Decision rationale: The requested tizanidine 4 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends that injured workers take muscle relaxers for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review fails to identify that this is an acute exacerbation of chronic pain and would benefit from a short course of muscle relaxants. The request is for 90 tablets which exceeds the 2 to 3 week guidelines recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Furthermore, the request does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested tizanidine 4 mg #90 is not medically necessary or appropriate.

CYCLOBENZAPRINE 7.5MG, #60 WITH 1 REFILL: 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): 63.

Decision rationale: The requested cyclobenzaprine 7.5mg, #60 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends that injured workers take muscle relaxers for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review fails to identify that this is an acute exacerbation of chronic pain and would benefit from a short course of muscle relaxants. The request is for 120 tablets which exceeds the 2 to 3 week guidelines recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Furthermore, the request does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cyclobenzaprine 7.5mg, #60 with 1 refill is not medically necessary or appropriate.

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: The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of urine drug screens to assess an injured worker for the use of illicit drugs or to appropriately identify aberrant behavior in injured workers on chronic opioid therapy. The clinical documentation does not provide any evidence that the injured worker is on chronic opioid therapy and would require a random urine drug screen to verify compliance. Additionally, the clinical documentation submitted for review does not provide any evidence that the injured worker has been assessed for risk factors that would provide suspicion of illicit street drug use. Therefore, the need for a urine drug screen is not medically necessary or appropriate.

CBC PANEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested CBC panel is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that liver and renal function be assessed on a regular basis for injured workers on high doses of nonsteroidal anti-inflammatory drugs in the management of their chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker takes nonsteroidal anti-inflammatory drugs on a regular basis and would require this type of monitoring. As such, the requested CBC panel is not medically necessary or appropriate.