

Case Number:	CM14-0158722		
Date Assigned:	10/02/2014	Date of Injury:	04/01/2002
Decision Date:	10/29/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/27/2014

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 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:

Medical records reflect the claimant is a 58 year female who sustained a work injury on 4-1-02. Office visit on 8-26-14 notes the claimant complains of low back pain rated as 6/10 and radiating leg pain which has improved with epidural steroid injection. The pain is controlled with medications. On exam, the claimant has decrease or, mild tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing use Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that ongoing use of opioids require drug screening in patients with issues of abuse, addiction or poor pain control. There is an absence in documentation noting that this claimant has aberrant pain behavior or that is non complaint with medications use or has issues with abuse. Therefore, the request of Urine Drug Screen is not medically necessary and appropriate.

Zanaflex 4mg #60g: 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): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - muscle relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the request of Zanaflex 4mg #60g is not medically necessary and appropriate.