

Case Number:	CM14-0023266		
Date Assigned:	05/14/2014	Date of Injury:	03/01/2011
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; adjuvant medication; multiple elbow surgeries; multiple shoulder surgeries; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 22, 2014, the claims administrator approved request for tramadol and Neurontin while denying tizanidine and a urine drug screen. Naprosyn was likewise approved. The attending provider noted that the applicant had alleged development of multifocal body pain secondary to cumulative trauma at work. On October 15, 2012, the applicant was described as using a variety of medications, including Relafen, Neurontin, and tramadol. The applicant stated that he was using medications on an as-needed basis at that point in time. Tizanidine was also amongst the applicant's list of medications. Drug testing was apparently ordered on that date. The applicant was given an elbow corticosteroid injection. The applicant's work status was not provided. The applicant underwent a shoulder corticosteroid injection on January 14, 2014. The applicant was again described as using tizanidine, Neurontin, and tramadol. On March 11, 2013, the applicant reported low back pain. Tizanidine, Neurontin, and tramadol were again refilled. The applicant's work status and functional status were not provided. On May 23, 2013, the applicant was described as doing well with medications, despite pain complaints. The attending provider stated that usage of medications was benefitting the applicant but did not detail precisely how the applicant had been benefitted. On August 19, 2013, the applicant was again described as having ongoing issues with pain interfering with sleep. In another section of the report, the attending provider stated ongoing usage of medications was beneficial and was not associated with any

side effects. It was stated that the medications were improving the applicant's function; however, it was not clearly stated what functions were improved. On December 16, 2013, however, the applicant was described as reporting persistent neck pain, low back pain, and shoulder pain. The applicant stated that he was able to work and function with medications including tramadol, Neurontin, and tizanidine. The applicant did have complaints of low back pain. The applicant stated that he was not receiving medications from any other source. A variety of medications were refilled. Urine drug testing was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine section Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain. In this case, the attending provider has seemingly posited, albeit circuitously and somewhat incompletely, that ongoing usage of tizanidine has been beneficial. The applicant has returned to work. The applicant's ability to function and perform activities of daily living is reportedly ameliorated, it has been suggested. Therefore, the request is medically necessary.

URINE TOXICOLOGY SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, it is incumbent on the attending provider to attach an applicant's complete medication list to a request for authorization for testing, clearly state which drug tests and/or drug panels he is testing for, and state when the last time an applicant was tested. In this case, however, the attending provider did not furnish the applicant's complete medication list to the request for authorization for testing. The attending provider did not state which drug tests and/or drug panels he was testing for. The attending

provider did not state when the last time the applicant was tested prior to seeking authorization for testing. Therefore, the request is not medically necessary.