

Case Number:	CM14-0046789		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2002
Decision Date:	08/27/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 67-year-old female who reported an injury on 06/03/2002. The mechanism of injury was not provided for review. The injured worker developed chronic pain that was managed with multiple medications. The injured worker was evaluated on 02/20/2014. It was noted that the injured worker had 10/10 pain reduced to a 4/10 to 7/10 with medications. It was noted that without the injured worker's medications she is bed bound or chair bound and is unable to manipulate her wheelchair without medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's medications included Norco, Lyrica, Zanaflex, and docusate. The injured worker's diagnoses included chronic idiopathic pain, opioid dependency, reflex sympathetic dystrophy, lumbalgia, cervicgia, herniated discs, degenerative lumbar disc disease, depressive disorder, spinal stenosis, and lumbosacral spondylosis. A request was made for quarterly urine drug screens and alcohol testing. A request was also made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen testing quarterly. QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule recommends urine drug screen testing to monitor injured workers who are on chronic opioid therapy. The clinical documentation submitted for review does indicate that the injured worker is regularly monitored with urine drug screens. However, scheduled quarterly monitoring would not be supported, as urine drug screening should be based on the injured worker's level of risk of aberrant behavior. Risk factors of aberrant behavior should be assessed on a regular basis. Therefore, a certain number of future urine drug screens cannot be determined. As such, the requested Urine drug screen testing quarterly, QTY: 4 is not medically necessary or appropriate.

Alcohol testing to be done quarterly, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule recommends alcohol testing to monitor injured workers who are on chronic opioid therapy. The clinical documentation submitted for review does indicate that the injured worker is regularly monitored with alcohol testing. However, scheduled quarterly monitoring would not be supported, as alcohol testing should be based on the injured worker's level of risk of aberrant behavior. Risk factors of aberrant behavior should be assessed on a regular basis. Therefore, a certain number of future alcohol testing cannot be determined. As such, the requested Alcohol testing to be done quarterly, QTY: 4 is not medically necessary or appropriate.

Norco 10/325 mg, QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends opioid usage be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has significant pain relief and functional benefit resulting from medication usage. Additionally, the clinical documentation does indicate that the injured worker is monitored for aberrant behavior. Therefore, ongoing use of this medication would be indicated in this clinical situation. However, the request as it is submitted does not clearly identify a frequency of treatment. In the

absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg, QTY: 180 is not medically necessary or appropriate.

Zanaflex: Upheld

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

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

Decision rationale: The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 07/2013. The California Medical Treatment Utilization Schedule does not support the ongoing use of muscle relaxants for chronic pain. The California Medical Treatment Utilization Schedule recommends that the use of muscle relaxants be limited to acute exacerbations of chronic pain for durations not to exceed 2 to 3 weeks. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. Additionally, the request as it is submitted does not provide a dosage, frequency of treatment, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Zanaflex is not medically necessary or appropriate.