MAXIMUS Federal Services

Case Number:	CM14-0073435		
Date Assigned:	07/16/2014	Date of Injury:	12/12/2011
Decision Date:	09/30/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Family 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:

This is a 61-year-old female patient who reported an industrial injury on 12/12/2011, almost three (3) years ago, attributed to the performance of her customary job tasks reported as pushing carts in the parking lot slipping and falling and striking her head. The patient complains of headaches; dizziness; neck pain; low back pain; and depression. The objective findings on examination included weight 225 pounds; height 5'1"; tenderness to the cervical spine; guarding; compression test positive bilaterally; diminished range of motion to the cervical spine; bilateral shoulder tenderness; positive impingement to the shoulders; diminished range of motion to the shoulders; lumbar spine diminished range of motion; strength 5/5 sensation grossly intact to all dermatomes. The patient was diagnosed with post concussive syndrome with headaches and vertigo psychomotor slowing and global widespread pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines NSAIDS Page(s): 67,68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs.

Decision rationale: The use of Naprosyn 500 mg is #60 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naprosyn is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naprosyn should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Naprosyn 500 mg #60 is not demonstrated to be medically necessary.

Tizanidine 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine; Chronic pain chapter 2008 page 128; muscle relaxant.

Decision rationale: The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are no muscle spasms documented by the requesting provider while treating chronic thoracic spine sprain/strain. The patient is prescribed Tizanidine 4 mg #60 on a routine basis routinely for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the California MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the California MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms, but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the California MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. There is no documented functional improvement with the prescription of Zanaflex. The patient is prescribed Zanaflex for muscle spasms to the lower back. The California MTUS does recommend Tizanidine for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic neck and back pain.

6 Panel Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing , Opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing.

Decision rationale: The patient has been ordered a urine toxicology screen or six-panel drug test without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medial necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen.