

Case Number:	CM14-0074961		
Date Assigned:	07/16/2014	Date of Injury:	06/03/2002
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 injured worker is a 67-year-old female who reported injury on 06/03/2002. The mechanism of injury was not provided. On 07/24/2014, the injured worker presented with chronic neck pain. The diagnoses were depressive disorder, unspecified myalgia, myositis, lumbalgia, and degenerative disc disease of the lumbar spine. Prior medications included Norco, Lyrica, Zanaflex, and docusate. The provider recommended Zanaflex, 10 followup office visits, 4 urine drug screens, and a PAR test. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 66 Page(s): 66.

Decision rationale: The request for Zanaflex 6 mg #120 is non-certified. The California MTUS Guidelines state that Zanaflex is a centrally acting alpha II adrenergic agonist that is FDA

approved for management of spasticity. Studies have demonstrated efficacy for low back pain and significant decrease in pain associated with chronic myofascial pain syndrome. It should be used for short-term treatment of low back pain and management of spasticity. The injured worker has been prescribed tizanidine since at least 11/2012. The guidelines recommend the long-term use of any muscle relaxants. There were no subjective reports of any spasm or objective findings to substantiate appropriate use of this medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.

10 follow up office visits for 10 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Chronic, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The request for 10 followup office visits for 10 months is non-certified. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function an injured worker. The need for clinical office visits with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessments, being ever mindful the best injured worker outcomes are achieved eventual patient independence from the health care system through self care as soon as clinically feasible. The injured worker continues to experience various complaints and continues to be prescribed various medications that should be monitored. However, the need for 10 followup visits are excessive and the provider provides no rationale to substantiate 10 followup visits. As such, the request is non-certified.

4 urine drug screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health Systems Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain (May 2009), page 10, 32 and 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, page(s) 43 Page(s): 43.

Decision rationale: The request for 4 urine drug screens is non-certified. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and screening for risk of misuse and addiction. The documentation provided does not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior or

whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was last performed. As such, the request is non-certified.

1 PAR test retrospective for dates of service 4/17/14: 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 Ongoing Management, page(s) 78 Page(s): 78.

Decision rationale: The request for a 1 PAR test retrospective for date of service 04/17/2014 is non-certified. The California MTUS Guidelines indicate that screening is for injured workers with documented issues of abuse, addiction or poor pain control. There is lack of documentation that the injured worker is at risk for abuse, addiction or poor pain control. As such, the request is non-certified.