

Case Number:	CM14-0078025		
Date Assigned:	07/18/2014	Date of Injury:	10/28/2002
Decision Date:	09/08/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57 years old female with an injury date on 10/28/2002. Based on the 04/04/2014 progress report provided by [REDACTED] the diagnoses are: 1. Myalgia and myositis. 2. Long term use anticoagulant. 3. Displace thoracic/lumbar intervertebral disc. According to this report, the patient complains of total body pain, chronic fatigue and problem sleeping. The patient had CTS surgery on 02/24/2014. The 04/14/2014 report mentions the patient's right wrist and hand pain is at a 7/10 with numbness, cervical spine pain is at an 8/10, and bilateral shoulder pain is at a 7-8/10. Also, pain in the lumbar spine is noted at a 9/10. The patient's conditions remain unchanged since the initial visit of 12/02/2012. There was no other significant findings noted on this report. [REDACTED] is requesting 1. Calcium 500mg #30 2. Flurbiprofen 3. Naprosyn 4. Zanaflex 5. 1 urine drug screen The utilization review denied the request on 05/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12//03/2013 to 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calcium 500 MG # 30: 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 MTUS page 8 Page(s): 8.

Decision rationale: According to the 04/04/2014 report by [REDACTED] this patient presents with total body pain, chronic fatigue and problem sleeping. The treater is requesting Calcium 500mg #30. The utilization review denial letter states "there was no evident to suggest low serum calcium levels that require supplement." Review of record show no discussion is provided as to why the patient needs calcium supplement. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), Topical analgesics Page(s): 67, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111 Page(s): 111, 28,29.

Decision rationale: According to the 04/04/2014 report by [REDACTED] this patient presents with total body pain, chronic fatigue and problem sleeping. The treater is requesting Flurbiprofen (nap) Cream. Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as she does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Recommendation is for denial.

Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain (MTUS 60, 61) Page(s): 60, 61, 22, 67,68.

Decision rationale: According to the 04/04/2014 report by [REDACTED] this patient presents with total body pain, chronic fatigue and problem sleeping. The provider is requesting Naprosyn. Naprosyn was first noted on the 12/09/2013 report. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. In addition, the provider did not provide the

prescription dosing and how this medication is being monitored. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is not mention of how this medication has been helpful in any way. Without knowing the prescription dosing, one cannot make the appropriate recommendation. Recommendation is for not medically necessary.

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ZanaflexANTISPASTICITY/ANTISPASMODIC DRUGS: (MTUS pg 66) Page(s): 66.

Decision rationale: According to the 04/04/2014 report by [REDACTED] this patient presents with total body pain, chronic fatigue and problem sleeping. The treater is requesting Zanaflex a muscle relaxant. The MTUS guidelines page 66, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." This patient presents with chronic pain and has had surgery. MTUS supports the use of Zanaflex. However, the treater did not provide the prescription dosing and how this medication is being monitored. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is not mention of how this medication has been helpful in any way. Without knowing the prescription dosing, one cannot make the appropriate recommendation. Recommendation is for denial.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. See Opioids, screening tests for risk of addiction & misuse; Opioids, tools for risk stratification & monitoring; Opioids, indicators for addiction & misuse; Opioids, criteria for use.

Decision rationale: According to the 04/04/2014 report by [REDACTED] this patient presents with total body pain, chronic fatigue and problem sleeping. The treater is requesting 1 urine drug screen. The utilization review denial letter states " the records revealed in the last toxicology screen was performed on 1/27/2014" and the patient's current medications " are not medications

that requires monitoring with urine drug screen." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient has not had as any recent UDSs. Also, the patient is noted to be on Ultracet (a narcotic-like pain reliever) as indicated on 12/18/1013 report. Recommendation is for authorization.