

Case Number:	CM14-0192657		
Date Assigned:	11/26/2014	Date of Injury:	01/06/2011
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 37 year old male with a work injury dated 1/6/11. The diagnoses include chronic labile hypertension; gastropathy secondary to medication use; lumbar disc disease; history of left S1 radiculopathy; and left shoulder sprain/strain, impingement syndrome, rotator cuff syndrome and rotator cuff rupture. Under consideration are requests for Zanaflex 4mg QTY 30; Urine drug tests QTY 4; Butrans patch 10 mcg; and Voltaren 50 mg QTY 60. There is an 8/25/14 primary treating physician report which is handwritten and mostly illegible but states that the patient has gastropathy secondary to medication use. The treatment plan includes avoid non-steroidal anti-inflammatory drugs (NSAIDs) and take Protonix. A 4/18/14 progress note states that the patient complains of left shoulder and low back complaints at 8/10. He had an EMG of the bilateral lower extremities and was performing a home exercise program. On exam, provocative testing for the left shoulder was positive and there was limited range of motion. Lumbar spine motion was limited by pain and spasm. There was intact muscle function in the bilateral lower extremities. There was a request for physical therapy for the left shoulder and a topical cream and Medrox patches. Per documentation, there was a 10/23/14 progress note that states that the patient was requesting epidural injections that were previously authorized. On exam there was mild restriction of left shoulder range of motion without impingement; positive straight leg raise; left Lasgue, and hamstring tightness on leg elevation with significant hypoesthesia in the left L5-S1 distribution with distal left leg weakness. The treatment plan included Left L5-S1 epidural injection; left shoulder subacromial injection for chronic impingement and tenderness. Continue meds which include Norco 1 po qd; tizanidine 4mg po qhs; docusate 200mg bid; Voltaren 50mg po bid; and Butrans patch 10mcg q8hrs. Per documentation progress note dated 10/27/14, was illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex , generic available), Muscle Relaxants (for Pain) Page(s): 63, 66.

Decision rationale: Zanaflex 4 mg QTY 30 is not medically necessary, per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain and has been using Zanaflex dating back to 2012. The guidelines do not support Tizanidine long-term. In addition, documentation indicates there may be elevated liver enzymes; therefore the request for Tizanidine 4mg # 60 is not medically necessary.

Urine drug tests QTY 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 77-80; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction and Drug testing Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: Urine drug tests quantity 4 is not medically necessary, per the MTUS and the Official Disability Guidelines (ODG). The MTUS recommends random drug testing, not at office visits or regular intervals, as is occurring in this case. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation submitted does not reveal criteria for this patient requiring 4 urine drug tests. The documentation does not indicate evidence of high risk adverse outcomes. Therefore, this request is not medically necessary.

Butrans patch 10 mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27.

Decision rationale: The Butrans patch 10mcg is not medically necessary, per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Burtran is recommended for treatment of opiate addiction. Also, it is recommended as an option for chronic pain, especially after detoxification, in patients who have a history of opiate addiction. The documentation submitted does not reveal that the patient has a history of opiate addiction and has undergone detoxification. In addition, the request does not indicate a quantity. Therefore, this request is not medically necessary.

Voltaren 50 mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

Decision rationale: Voltaren 50 mg QTY60 is not medically necessary, per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDS for an extended period. Additionally the guidelines state that NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment. Elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation indicates that the patient has gastropathy and possible elevated liver function testing. Therefore, this request is not medically necessary.