

<b>Case Number:</b>	CM14-0198758		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 54 year old male with an injury date of 06/09/10. Based on the 09/03/14 progress report, the pain complains of neck pain and bilateral upper extremity pain which he rates as a 7/10. He has tenderness to palpation over the cervical and lumbar spine. The patient has a positive straight leg raise and decreased sensory over the L5/S1 dermatomes. The 11/06/14 report indicates that the patient has low back pain with cramps in his legs and feet. He has tingling and numbness in his feet. In addition, he continues to have neck pain and cramps in his hands. He also has depression. The patient's diagnoses include the following: -Cervical disc disease-Lumbar disc diseaseThe utilization review determination being challenged is dated 11/17/14. There were two treatment reports provided from 09/03/14 and 11/06/14. Both of these reports were hand-written and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 78.

**Decision rationale:** According to the 11/06/14 report, the patient presents with low back pain with cramps in his legs and feet, neck pain, and pain in the bilateral upper extremities. The request is for (1 PO Q6H PRN). The patient has been taking Ultram as early as 09/03/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Both the 09/03/14 and 11/06/14 reports state that the patient rates his pain as a 4/10 with medications and an 8/10 without medications. No further discussions were provided regarding Ultram, as all reports were brief. There appears to be no change to the patient's pain and function with the use of Ultram. The pain scales provided showed no significant change and not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which neither demonstrate medication efficacy nor were there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Ultram is not medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs and medication for chronic pain Page(s): 66,60.

**Decision rationale:** According to the 11/06/14 report, the patient presents with low back pain with cramps in his legs and feet, neck pain, and pain in the bilateral upper extremities. The request is for Zanaflex 4mg #60 (BID) for spasm. This patient has been taking Zanaflex as early as 09/03/14. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the 09/03/14 report states that the patient has tenderness to palpation over the lumbar spine, a positive straight leg raise, and decreased sensory over the L5/S1 dermatomes. Both the 09/03/14 and 11/06/14 reports state that the patient rates his pain as a 4/10 with medications and an 8/10 without medications; the treater does not discuss efficacy of Zanaflex on any of the reports provided. There is no discussion as to how this medication has been helpful with pain and function. Page 60 of MTUS states that when medications are used for chronic pain, recording of pain and function needs to be provided. The requested Zanaflex is not medically necessary.

**Random 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) Pain chapter, Urine drug testing

**Decision rationale:** According to the 11/06/14 report, the patient presents with low back pain with cramps in his legs and feet, neck pain, and pain in the bilateral upper extremities. The request is for a random urine drug screen. Regarding urine drug screens, 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. The available medical records indicate that the patient is currently taking Neurontin, Pamelor, Zanaflex, and Ultram. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on Ultram and monitoring of the opiate with once yearly UDS is recommended per guidelines. The request is medically necessary.

**Pain Management Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Chapter 7, page 127, Consult

**Decision rationale:** According to the 11/06/14 report, the patient presents with low back pain with cramps in his legs and feet, neck pain, and pain in the bilateral upper extremities. The request is for a pain management consult. The rationale is that "there is no documentation as to the medical indication for this consultation regarding what the provider is anticipating from such a referral." The report with the request was not provided. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Report dated 9/19/14 states that the patient has "pressure ulcer, stage 111." The patient is currently taking Neurontin, Pamelor, Zanaflex, and Ultram. This patient suffers from chronic pain and medication management appears reasonable. The requested pain management consult is medically necessary.