

Case Number:	CM14-0205636		
Date Assigned:	12/17/2014	Date of Injury:	04/11/2005
Decision Date:	02/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/09/2014

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 Occupational 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:

Patient is a 55 year-old male with date of injury 04/11/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/14/2014, lists subjective complaints as pain in the low back, left knee, and left ankle. Objective findings: Patient had increased tenderness to the lumbar paraspinal muscles with active spasm. No other physical examination findings were reported by the requesting physician. Diagnosis: 1. Low back pain with radiating symptoms to right posterior leg, into right groin, and right testicle. Ultrasound negative for hernia. X-rays of the right hip from 03/25/2010 showed degenerative changes at the right sacroiliac joint at the superior acetabulum on the right side. MRI report of the lumbar spine from June 2012 showed an L4-L5 mild bilateral neuroforaminal narrowing, L5-S1 right foraminal disc bulge with small peripheral annular fissure. 2. Left knee pain, history of meniscal surgery, Synvisc injections 3. Left knee pain, resolved. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Tizanidine 4mg, #180 SIG: BID 2. Restoril 30mg, #80 SIG: one at night prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tizanidine 4mg #180 (DOS: 11/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Retrospective Tizanidine 4mg #180 (DOS: 11/14/14) is not medically necessary.

Retrospective Restoril 30mg #80 (DOS: 11/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The patient has been taking Restoril for an extended period. Retrospective Restoril 30mg #80 (DOS: 11/14/14) is not medically necessary.

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. One urine drug screen is not medically necessary.