

Case Number:	CM15-0104944		
Date Assigned:	06/09/2015	Date of Injury:	09/29/2003
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 29, 2003. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve requests for Norco, Zanaflex, lactulose, and urine drug screen. The claims administrator referenced a RFA form received on May 18, 2015 and an associated progress note of May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On a RFA form dated May 18, 2015, Norco, Zanaflex, lactulose, and urine drug testing were endorsed. In an associated progress note dated May 12, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was using Norco at a rate of four times a day, Zanaflex nightly, Lyrica nightly, Coumadin, and lactulose, it was reported. The applicant had undergone earlier failed cervical spine surgery, it was reported. The applicant had various cardiac comorbidities, it was reported. The applicant was given multiple medication refills. Drug testing was performed. The attending provider did not state when the applicant had last obtained drug testing. The attending provider did not state which drug tests or drug panels were tested for. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with work restrictions in place. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Drug testing seemingly performed on May 26, 2015 was apparently positive for opioids. The attending provider then checked the box stating that he was sending the test for a custom Precision Toxicology profile, apparently to include confirmatory and/or quantitative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working, per a progress note dated May 12, 2015 which suggested that the applicant was on a "Future Medical Award." While the attending provider stated that the applicant was doing well on his current medication regimen on May 12, 2015, this was not quantified, elaborated upon, or expounded upon. The attending provider failed, in short, to identify quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Norco usage on the May 12, 2015 progress note at issue. Therefore, the request was not medically necessary.

Zanaflex 4mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants Page(s): 63, 64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Similarly, the request for Zanaflex (tizanidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, ongoing usage of tizanidine (Zanaflex) failed to generate appreciable benefit here. Ongoing usage of tizanidine failed to curtail the applicant's dependence on Norco, which the applicant was using at a rate of four tablets daily. Ongoing usage of tizanidine (Zanaflex) failed to alter the applicant's work restrictions which were renewed, unchanged, on May 12, 2015. The applicant did not appear to be working with said permanent limitations in place, it was further suggested. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.

Lactulose 1 bottle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for lactulose, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants who are using opioid agents. Here, the applicant was using Norco, an opioid agent, at a rate of four times daily. Provision of lactulose, a laxative agent, thus, was indicated here to combat any issues with opioid-induced constipation which may have arisen in conjunction with Norco usage. Therefore, the request was medically necessary.

Urinalysis drug screen: 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for urinalysis (AKA a urine drug screen) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he is testing for and why, and attempt to categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did seemingly write that he was planning to perform custom Precision Toxicology testing which would seemingly included confirmatory and quantitative testing. A clear rationale for such testing was not furnished in the face of the unfavorable ODG position on the same. The attending provider did not clearly identify when the applicant was last tested. There was no mention of whether the applicant was a higher - or lower-risk individual for whom more or less frequent drug testing would have been indicated. Therefore, the request was not medically necessary.