Case Number:	CM15-0107062		
Date Assigned:	07/24/2015	Date of Injury:	10/01/1991
Decision Date:	09/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/03/2015

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: New York, California
Certification(s)/Specialty: Emergency 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 injured worker is a 58 year old female who sustained an industrial injury on 10/01/1991. Current diagnoses include cervical radiculopathy and lumbar radiculopathy. Previous treatments included medications, physical therapy, injections, and surgical intervention. Previous diagnostic studies include urine toxicology screening dated 04/09/2015 was positive for Morphine, which was not expected with prescribed medication. Report dated 04/09/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the bilateral upper extremities, low back pain with radiation to the bilateral lower extremities, upper extremity pain, right shoulder pain, lower extremity pain, right leg pain, insomnia associated with ongoing pain, associated anxiety, poor right knee strength, and right shoulder popping. The physician noted that the injured worker has been prescribed zolpidem since at least 07/2013 which has improved her sleep from 4 hours per night to 6-7 hours per night. Pain level was 3 (with medications) and 7 (without medications) out of 10 on a visual analog scale (VAS). The injured worker reported that her pain was worse since last visit. It was also noted that the injured worker reports ongoing activity of daily living limitations in the following areas due to pain, self care and hygiene, activity, ambulation, hand function, sleep and sex. The injured worker noted 70% improvement due to medication therapy. Areas of functional improvement with the use of medications included brushing teeth, caring for pet, gardening, reading and writing. The injured worker wishes to continue this therapy based on her decreased pain, her increased function, and improved quality of life. The provider documented that the injured worker has chronic anxiety and the injured worker started taking Xanax in 2012. Lumbar spine examination was positive for

tenderness to palpation, limited range of motion with pain, decreased sensitivity at the L4-S1 dermatomes in the bilateral lower extremity, and positive straight leg raises. Upper extremity examination revealed tenderness at the right anterior shoulder, right posterior shoulder, right elbow and right shoulder, mild swelling, decreased range of motion due to pain. Lower extremity examination revealed tenderness in the right knee, moderate swelling, decreased range of motion due to pain, and decreased strength. Medical records submitted included physical therapy progress notes indicating that the injured worker has completed 6 visits of therapy. The therapist noted that the injured worker has increased overall active range of motion and small strength gains. Of Note these therapy sessions were completed after the current request for authorization. The treatment plan included administration of a Toradol injection with B12, intrathecal pump was refilled, requests for physical therapy, urine drug screening was obtained, follow up in 2 months, follow up prior to intrathecal pump alarm date, request for transportation, and renewed medications which included dilaudid, tizanidine, vitamin D, Zolpidem, and Xanax, and prescribed Naloxone. The provider indicated that the injured worker has had good results with prior therapy with less than 8 visits. Current medication regimen includes Dilaudid, tizanidine, Xanax, Naloxone, Zolpidem, estradiol, albuterol solution, Bioxine, Phenergan, and Pro Air HFA. Disputed treatments include Urine drug screen, physical therapy x 8 for the lumbar spine, Tizanidine 4mg #90, and Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going management of opioids, differentiation, dependence & addiction, Opiods screening for risk of addiction (tests) & opioids, steps to avoid misuse/addiction Page(s): 43, 78, 85-86, 90-91, 94-95.

Decision rationale: The California MTUS recommends drug testing as an option, "using a urine drug screen to assess for the use or the presence of illegal drugs." Medical records submitted include a urine drug screening dated 04/09/2015 which was positive for Morphine, which was not expected with prescribed medication. Because the result was not consistent with expectant results, ongoing monitoring is essential. Because the urine drug screening suggests aberrant behavior or possible abuse the request for a urine drug screen is medically necessary.

Physical therapy x 8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The California Chronic Medical Treatment Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Guidelines recommend a maximum of 10 treatments. The primary treating physician indicated that the injured worker has completed 8 visits to date. Therefore the request exceeds the recommended guidelines and is not medically necessary. At this point the injured worker should have been transitioned to a home exercise program. Therefore the request for Physical therapy x 8 for the lumbar spine is not medically necessary.

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Tizanidine (Zanaflex) Page(s): 63-65, 111.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Tizanidine is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed tizanidine for greater than a 2-3 week period, there is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. The treating physician noted that the injured worker pain has increased since the prior visit. Therefore the request for Tizanidine 4mg #90 is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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), Zolpidem (Ambien).

Decision rationale: The California MTUS does not address Ambien. The Official Disability Guidelines (ODG) state that Ambien (zolpidem) is approved for short term use, usually 2-6 weeks, treatment of insomnia, and should be used for only a short period of time. The medical records submitted supports that the injured worker has been using Ambien long-term since at least 07/2013. The ODG states that Ambien should be used for only a short period of time. Therefore the request for Zolpidem 10mg #30 is not medically necessary.