

Case Number:	CM15-0132435		
Date Assigned:	07/20/2015	Date of Injury:	06/24/2009
Decision Date:	08/20/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 06-24-2009 secondary to fall from a ladder resulting in a closed head injury. On provider visit dated 06-10-2015 the injured worker has reported low back pain. The injured worker was noted not to be working. On examination of the cervical spine tenderness at the paraspinals and trapezii muscles. Range of motion was noted to be decreased. The diagnoses have included sprain-strain of the cervical spine, fractures of the lumbar spine, and post-traumatic stress syndrome. Treatment to date has included medication listed as Zanaflex, Vimpat, Micardis, Trazadone and Norco. The provider requested Zanaflex and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, sixty count with one refill: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Zanaflex 4 mg, sixty count with one refill. The treating physician report dated 6/10/15 (2B) states, "The patient is currently utilizing Zanaflex 1 tablet twice daily for muscle spasms. He denies any side effects from his medication." The report goes on to state, "Overall, he is noting functional improvement and improvement in pain with his current medication regimen. He notes improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of his current medication usage." The MTUS Guidelines regarding Muscle Relaxants for pain, page 66 states the following: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." The medical records provided, show the patient has been taking Zanaflex since at least 12/17/14 (8B). In this case, the patient presents with pain affecting the lumbar spine accompanied with spasms in the paraspinal musculature and the treating physician prescribes the patient Zanaflex in order to provide him partial relief of his symptoms. Furthermore, the patient notices an improvement in his pain and documentation of functional improvement is provided. The current request is medically necessary.

Urine Drug Screen: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Urine Drug Screen. The treating physician report dated 6/10/15 (3B) states, "Request authorization for UDS to be performed at next visit for medication compliance." A report dated 12/17/14 (10B) states, "Request authorization for UDS to be performed at next visit for medication compliance." While 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 medical records provided, do not show the results from any previous UDS's or documentation of any aberrant behavior or evidence that the patient is at high risk for opiate abuse. The patient has been on Norco since at least 12/17/14, and a urine drug screen was requested on 12/17/14 for the following visit. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case, the treating physician notes that the patient is no longer prescribed Norco and is currently prescribed only Zanaflex, and has requested a UDS to monitor the patient's medication compliance. MTUS does not support UDS monitoring for patients that are prescribed muscle relaxants. The current request is not medically necessary.