

Case Number:	CM15-0132960		
Date Assigned:	08/19/2015	Date of Injury:	03/26/1990
Decision Date:	09/15/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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

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:

This is a 48 year old male with a March 26, 1990 date of injury. Current diagnoses (lumbar, thoracic, and lumbosacral radiculitis, neuritis or radiculopathy; sprain and strain of foot; sprain and strain of the ankle; chronic pain; adjustment disorder with mixed anxiety and depressed mood; patellofemoral syndrome, knee; occipital neuropathy and neuralgia; sacroiliac dysfunction; sprain in leg, knee; cervical musculoligamentous injury; sprain and strain of the thoracic spine; sprain and strain of the lumbar region; L5-S1 radiculopathy; left foot and ankle ligamentous injury secondary to abnormal gait secondary to lower back pain). Treatments to date have included medications, imaging studies, lumbar epidural steroid injections without benefit, lumbar facet blocks without benefit, diagnostic testing, transcutaneous electrical nerve stimulator unit, and home exercise. A progress note dated June 2, 2015 documents subjective complaints of ongoing (neck pain rated at a level of 5 out of 10 that increases to 9 out of 10 frequently), objective findings (decreased range of motion of the lumbar spine; tight bilateral calf muscles and Achilles tendons; weakness of the left foot and toes; decreased reflexes of the bilateral ankles; bilateral pes planus; mild scoliosis due to muscle spasm; swelling of the left third, fourth, and fifth toes; tenderness of the left quadriceps and bilateral patellotibial regions; tenderness of the right sacroiliac region; tenderness of the left knee; pain with flexion of the left knee; pain over the third, fourth, and fifth left toes). The treating physician documented a plan of care that included a urine drug screen, Restoril 30mg #30, and Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction, Cautionary red flags for patients that may potentially abuse opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug screen is not medically necessary and appropriate.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 1990 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. Submitted reports have not demonstrated any specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Restoril 30mg #30 is not medically necessary and appropriate.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 1990 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 4mg #60 is not medically necessary and appropriate.