

Case Number:	CM15-0145127		
Date Assigned:	08/06/2015	Date of Injury:	01/10/2014
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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, Pain Management

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 30 year old male, who sustained an industrial injury on January 10, 2014. He reported slipping and falling on rocks on an incline, landing on his head, shoulder, and neck. The injured worker was diagnosed as having chronic pain syndrome, cervical pain, cervical disc pain, cervical degenerative disc disease, cervical stenosis, cervical radicular pain, myalgia, headaches, and numbness. Treatments and evaluations to date have included physical therapy, massage therapy, aqua therapy, x-rays, chiropractic treatments, MRIs, epidural steroid injection (ESI), cervical fusion, and medication. Currently, the injured worker reports increased mid and low back pain since neck surgery done on May 7, 2015, with anxiety and depression, and neck pain with numbness in the upper extremities. The Primary Treating Physician's report dated July 1, 2015, noted the injured worker had cervical spine surgery on May 7, 2015, with medications helpful and well tolerated, taking Percocet for moderate to severe pain, amitriptyline for nerve pain, depression, and difficulty sleeping secondary to pain, and Tizanidine for acute flare-ups of muscle spasms. The amitriptyline was noted to be helpful in allowing him to sleep but was noted to not work every night. The injured worker reported his pain as unchanged since his previous appointment, rating his pain without medications as 9 out of 10 on the visual analog scale (VAS) and 7-8 out of ten with medications, noting his pain better with medications, physical therapy, and laying down. Physical examination was noted to show decreased cervical spine range of motion (ROM) secondary to pain, with tenderness over the thoracic and lumbar paraspinals, mildly tender sacroiliac joints decreased sensation in multiple dermatomes in the right lower extremity, and positive straight leg raise on the right. The injured worker's current medications

were listed as Elavil, Percocet, and Zanaflex. The treatment plan was noted to include continuation of the current medications with an increase in the Amitriptyline from one tab to one to two tabs at bedtime for difficulty sleeping. The Physician noted a urine drug screen (UDS) from May 5, 2015 was consistent with what was prescribed, and a repeated urine drug screen (UDS) was done on July 1, 2015. The injured worker was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 MG #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: Regarding the request for Elavil (amitriptyline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is identification that the patient has neuropathic pain and a higher dosage of Elavil is being trialed. Thus, the patient should be closely monitored and the time interval for follow-up has been set at 4 weeks already per the notes. Therefore, the modification performed by the UR determination is reasonable, and the original request (to include 1 refill) is not medically necessary.

Zanaflex 4 MG #60 with 1 Refill: Upheld

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: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as

recommended by guidelines. This worker has long standing chronic pain. Given this, the currently requested tizanidine (Zanaflex), is not medically necessary.

Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology testing Page(s): 76-79.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances such as Percocet. Although no clear risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, periodic urine drug testing is indicated. The patient is noted to have been administratively discharged from a clinic due to non-compliance. Therefore, it reasonable to perform a repeat screen and the ODG does state there are no hard and fast rules regarding the frequency of UDS. Given this, this request is medically necessary.