

Case Number:	CM15-0209878		
Date Assigned:	10/28/2015	Date of Injury:	08/26/2005
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old male, who sustained an industrial injury on 8-26-2005. Diagnoses include lumbar sprain-strain, myofascial pain syndrome, lumbar disc protrusions, status post multiple right knee surgeries. On 9-25-14, he complained of ongoing right knee pain associated with locking and popping. He also complained of pain in the low back. Current medications included Norco 10-325mg and Zanaflex, two a day, for pain and muscle spasms with documented improvement in pain and functional ability. The Norco and Zanaflex had been prescribed since at least May of that year. The opioid agreement was addressed and appropriate. The physical examination documented right knee tenderness, decreased range of motion, with crepitus. There was tenderness to the lumbosacral spine and muscles with spasm noted. The plan of care included ongoing medication therapy. The appeal requested authorization for Zanaflex 4mg #60 between 9-25-15 and 11-14-15 and one urine drug screen. The Utilization Review dated 10-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS/Chronic Pain Treatment Guidelines, Muscle relaxants page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case, there is no objective evidence in the exam note from 9/25/14 supporting spasticity however; it does show evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore, the 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: Pain (Chronic) - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines (Opioids, steps to avoid misuse/addiction pages 94-95), use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case, there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. Therefore, the request is not medically necessary.