

Case Number:	CM15-0022838		
Date Assigned:	02/12/2015	Date of Injury:	06/21/2010
Decision Date:	03/27/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 41 year old female, who sustained an industrial injury on 6/21/2010. The diagnoses have included cervical sprain/strain, lumbar sprain/strain and left sacroiliac joint pain. Treatment to date has included radiofrequency ablation, medical branch blocks, hot/cold packs, aquatic therapy, trigger point injections, donut cushion, lumbar support, physical therapy, medications, activity modification, epidural steroid injections and chiropractic care. Magnetic resonance imaging (MRI) of the cervical spine dated 6/03/2011 revealed multilevel disc protrusions that mildly impressed the thecal sac. EMG (electromyography)/NCV (nerve conduction studies) of the upper extremities dated 7/02/2012 was read as normal. Currently, the IW reports 70 % improvement in axial low back pain after repeat radiofrequency ablation on 12/09/2014. She reports new onset discomfort over the left posterior superior iliac. Pain is rated as 4/10 with medication and 7/10 without medication. Objective findings included a slightly antalgic gait. There is minimal tenderness over the cervical region with reduced range of motion. There is 1+ muscle spasm in left more than right paralumbar muscles with exquisite tenderness to palpation over the left posterior superior iliac spine. Lumbar range of motion is restricted. Left Patrick's is positive and bilateral patellar reflexes are absent. On 1/19/2015, Utilization Review non-certified a request for Tizanidine 2mg#30, Flector patch 1.3% #60 and random urine drug screens (4 x year) noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. MTUS, ACOEM Guidelines and ODG were cited. On 2/06/2015,, the injured worker submitted an application for IMR for review of Tizanidine 2mg#30, Flector patch 1.3% #60 and random urine drug screens (4 x year).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

Decision rationale: The requested Tizanidine 2mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has new onset discomfort over the left posterior superior iliac. Pain is rated as 4/10 with medication and 7/10 without medication. Objective findings included a slightly antalgic gait. There is minimal tenderness over the cervical region with reduced range of motion. There is 1+ muscle spasm in left more than right paralumbar muscles with exquisite tenderness to palpation over the left posterior superior iliac spine. Lumbar range of motion is restricted. Left Patrick's is positive and bilateral patellar reflexes are absent. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 2mg, #30 is not medically necessary.

Flector 1.3% Patch, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

Decision rationale: The requested Flector 1.3% Patch, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has new onset discomfort over the left posterior superior iliac. Pain is rated as 4/10 with medication and 7/10 without medication. Objective findings included a slightly antalgic gait. There is minimal tenderness over the cervical region with reduced range of motion. There is 1+ muscle spasm in left more than right paralumbar muscles with exquisite tenderness to palpation over the left posterior superior iliac spine. Lumbar range of motion is restricted. Left Patrick's is positive and bilateral patellar reflexes are absent. The treating physician has not documented the patient's intolerance of these

or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector 1.3% Patch, #60 is not medically necessary.

Random Urine Drug Screens 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing, Page(s): 43.

Decision rationale: The requested Random Urine Drug Screens 4 times a year, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has new onset discomfort over the left posterior superior iliac. Pain is rated as 4/10 with medication and 7/10 without medication. Objective findings included a slightly antalgic gait. There is minimal tenderness over the cervical region with reduced range of motion. There is 1+ muscle spasm in left more than right paralumbar muscles with exquisite tenderness to palpation over the left posterior superior iliac spine. Lumbar range of motion is restricted. Left Patrick's is positive and bilateral patellar reflexes are absent. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", thereby making four times per year frequency excessive. The criteria noted above not having been met, Random Urine Drug Screens 4 times a year is not medically necessary.