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| Case Number: | CM15-0025602 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 06/14/2012 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 6/14/2012. She has reported pain in low back, left hip, bilateral knees, and left ankle. The diagnoses have included status post Open Reduction and Internal Fixation (ORIF) and pinning of left hip 2012 with residual left leg pain, multilevel disc herniation lumbar spine, sleep disturbance secondary to hip pain, depression, left ankle sprain, and left knee moderate to severe osteoarthritis, lumbosacral lower extremity radiculopathy. Treatment to date has included prior epidural steroid injection bilaterally with 20-50% improvement lasting five months, 60% improvement with current medication therapy, and acupuncture. Currently, the Injured Worker complains of pain in low back and bilateral extremities. Physical examination from 1/20/15 documented positive straight leg test, decreased Rom and decreased strength. Plan of care included orthopedic follow up, Lidopro ointment, and continuation with pain management. On 1/13/2015 Utilization Review non-certified a urine drug screen, Tizanidine 4mg one tablet by mouth daily #30, Enovarx-Ibuprofen 10% Kit, use as directed #1, noting the documentation did not support medical necessity of the requested treatments. The MTUS Guidelines were cited. On 2/10/2015, the injured worker submitted an application for IMR for review of a urine drug screen, Tizanidine 4mg one tablet by mouth daily #30, Enovarx-Ibuprofen 10% Kit, use as directed #1.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89. Decision based on Non-MTUS Citation ODG, Pain, Urine Drug Screening

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. A drug screen consistent with prescribed medication was performed in October of 2014. There is no medical indication for another urine drug screen at this time and the original UR denial is upheld.

Tizanidine 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of tizanidine. This is not medically necessary and the original UR decision is upheld.

Enovax-Ibuprofen 10% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non steroid anti-inflammatory drugs (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of agents which are not FDA approved for topical use. Ibuprofen 10 % topical is not FDA approved for topical application and there is not medically indicated.