

Case Number:	CM15-0036301		
Date Assigned:	03/04/2015	Date of Injury:	10/03/2011
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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:

The injured worker is a 25 year old female, who sustained a work/ industrial injury on 10/3/11 as a home care worker when mopping, slipping and holding on to the bathroom sink and developed aching in both arms with radiation and low back pain to the buttocks and right thigh extending down to the ankle. She has reported symptoms of increased mid back pain with radiation to the rib cage and shoulders bilaterally. Prior medical history was not documented. The diagnoses have included lumbosacral neuritis, lumbar disc displacement, idiopathic scoliosis, lumbago. Treatments to date included right knee arthroscopic lateral release, partial synovectomy, and removal of hypertrophic fat pad on 10/25/12 along with diagnostics, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medications. Medications included Tramadol and Tizanidine. The treating physician's diagnosis was moderate thoraco-scoliotic deformity with pain. On 2/16/15, Utilization Review non-certified a Urine drug test: qualitative point of care test and quantitative lab confirmation four units; Tizanidine 4 mg BID; Tizanidine 4 mg BID, and modified Tramadol 50 mg TID to Tramadol 50 mg #60, citing the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: qualitative point of care test and quantitative lab confirmation four units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Urine drug testing.

Decision rationale: Based on the 1/9/15 progress report provided by the treating physician, this patient presents with increased mid-back pain over the last two weeks, radiating out into her ribcage and shoulders bilaterally. The provider has asked for Urine Drug Test: qualitative point of care test and quantitative lab confirmation four units but the requesting progress report is not included in the provided documentation. The patient's diagnosis per Request for Authorization form dated 1/9/14 was lumbar radiculitis. The patient is s/p right knee arthroscopic lateral release, partial synovectomy, and hypertrophic fat pad removal from 10/25/12, interferential unit which is used daily and is beneficial, and oral medications including Tramadol and Tizanidine as of 1/9/15 report. The patient had a prior urine drug screen on 1/9/15, which showed consistent results. The patient is not working and has been on disability since 10/3/11. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients 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. Patients 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 issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. This patient was tested on 1/9/15 and the results were consistent with prescribed medications. There is no mention of the patient being at high, medium or low risk. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for 4 units of urine drug screen is not in accordance with the frequency listed under ODG guidelines. The request is not medically necessary.

Tramadol 50 mg TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88 and 89.

Decision rationale: Based on the 1/9/15 progress report provided by the treating physician, this patient presents with increased mid-back pain over the last two weeks, radiating out into her ribcage and shoulders bilaterally. The provider has asked for Tramadol 50MG TID on 1/9/15. The request for authorization was not included in provided reports. The patient is s/p right knee arthroscopic lateral release, partial synovectomy, and hypertrophic fat pad removal from 10/25/12, interferential unit which is used daily and is beneficial, and oral medications including Tramadol and Tizanidine as of 1/9/15 report. The patient is not working and has been on disability since 10/3/11. MTUS Guidelines pages 88 and 89 states, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Tramadol has been included in patient's medications per provider reports dated 3/27/14, 8/28/14, 10/23/14, and 1/9/15. In this case, the provider has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. A urine drug screen on 1/9/15 reported consistent results with the 2 prescribed medications Tramadol and Tizanidine. However, there was no documentation of an opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Tizanidine 4 mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 1/9/15 progress report provided by the treating physician, this patient presents with increased mid-back pain over the last two weeks, radiating out into her ribcage and shoulders bilaterally. The provider has asked for Tizanidine 4mg bid on 1/9/15. The request for authorization was not included in provided reports. The patient is s/p right knee arthroscopic lateral release, partial synovectomy, and hypertrophic fat pad removal from 10/25/12, interferential unit which is used daily and is beneficial, and oral medications including Tramadol and Tizanidine as of 1/9/15 report. The patient is not working and has been on disability since 10/3/11. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66: Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome

and the authors recommended its use as a first line option to treat myofascial pain. Per review of the provided reports, this patient presents with chronic pain for more than 3 years. Tizanidine has been included in patient's list of medications per provider reports dated 3/27/14, 8/28/14, 10/23/14, and 1/9/15. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given the patient's chronic pain and diagnosis, Zanaflex would be indicated. However, there is no discussion specific to Tizanidine which states that the medication is helping with the patient's pain or spasms. MTUS page 60 states, A record of pain and function with the medication should be recorded, when medications are used for chronic pain. Therefore, the request is not medically necessary.

Additional physical therapy, lumbar quantity 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98 and 99.

Decision rationale: Based on the 1/9/15 progress report provided by the treating physician, this patient presents with increased mid-back pain over the last two weeks, radiating out into her ribcage and shoulders bilaterally. The provider has asked for Additional Physical Therapy, lumbar quantity 8 on 1/9/15. However, there is no documentation of prior physical therapy in review of reports dated 1/6/14 to 1/9/15. The requesting progress report states: authorization request is placed for physiotherapy for the thoracic and lumbar spine, eight sessions are requested. The patient's diagnosis per Request for Authorization form dated 12/9/14 is low back pain and abnormal gait. The patient is s/p right knee arthroscopic lateral release, partial synovectomy, and hypertrophic fat pad removal from 10/25/12, interferential unit which is used daily and is beneficial, and oral medications including Tramadol and Tizanidine as of 1/9/15 report. The patient is not working and has been on disability since 10/3/11. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 states that patients with myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In regard to the 8 physical therapy sessions for the lumbar spine, the patient has not had recent physical therapy. The patient has a chronic pain condition of the mid-back which has increased in the past 2 weeks. The requested 8 sessions of physical therapy for the lumbar and thoracic spines appears to be reasonable and in line with guideline recommendations which allow up to 10 sessions for complaints of this nature. Therefore, this request is medically necessary.