

<b>Case Number:</b>	CM15-0086893		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old female with an April 6, 2009 date of injury. A progress note dated April 8, 2015 documents subjective findings (lower back pain and stiffness increased since last visit; continuing radiating pain to both feet; neck pain and stiffness that is unchanged; occasional frontal headache), objective findings (lumbar tenderness and stiffness; bilateral sacroiliac joint tenderness; limited forward flexion with pain), and current diagnoses (lumbar degenerative disc disease; lumbar disc protrusion; cervical myofasciitis). Treatments to date have included medications, imaging studies, psychotherapy, home exercise, physical therapy (noted to not be helpful), epidural steroid injection (helped significantly for about one month), and chiropractic treatments (not helpful). The treating physician documented a plan of care that included Zanaflex, urine drug screen, and physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

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

**Decision rationale:** The patient is a 34 year old female with an injury on 04/06/2009. On 04/08/2015 she had low back pain radiating to her lower extremities. She has been treated with physical therapy, medications, a home exercise program, epidural steroid injections, psychotherapy and chiropractic therapy. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opioid management Page(s): 43, 78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

**Decision rationale:** The patient is a 34 year old female with an injury on 04/06/2009. On 04/08/2015 she had low back pain radiating to her lower extremities. She has been treated with physical therapy, medications, a home exercise program, epidural steroid injections, psychotherapy and chiropractic therapy. There is no documentation of any abnormal drug seeking behavior. There is no documentation of prescription drug abuse. The patient does not meet ODG criteria for a urine drug test at this time. The request is not medically necessary. Also, "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain." Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010; 152:712-720.

**Physical therapy 2 times a week for 3 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering, and the Restoration of Function, page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The patient is a 34 year old female with an injury on 04/06/2009. On 04/08/2015 she had low back pain radiating to her lower extremities. She has been treated with physical therapy, medications, a home exercise program, epidural steroid injections, psychotherapy and chiropractic therapy. The patient already completed physical therapy and has been instructed in a home exercise program. The requested additional physical therapy would

exceed the maximum number of visits of physical therapy in Chronic Pain, Physical Medicine guidelines. Also, at this point in time relative to the injury there is no objective documentation that continued formal physical therapy is superior to a home exercise program. The request is not medically necessary.