

Case Number:	CM14-0133196		
Date Assigned:	08/22/2014	Date of Injury:	04/22/1999
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old female who reported an injury on 04/22/1999. The mechanism of injury was not provided. Her diagnoses were noted to be lumbosacral radiculitis; postlaminectomy syndrome, lumbar; lumbago; and degeneration of lumbar disc. Prior treatment included medications. She was noted to have diagnostic imaging studies. Surgical history included lumbar surgery. A clinical evaluation on 07/23/2014 notes the injured worker had subjective complaints of back pain described as stabbing. She rated her pain with medication a 2/10 and without medication a 8/10 on a 0 to 10 pain scale. She had associated headaches. Medications were noted to be Lidoderm patches, Norco, and Zanaflex. The physical examination noted no acute distress. There was tenderness in the paravertebral muscles of the lumbar spine especially at L1-3 on the right. There was tenderness in the right sciatic notch. There was decreased sensation to touch over the dorsum of the right foot and lateral right calf in an L5 pattern. The injured worker could heel/toe walk and toe walk and ambulated without problems. She also ambulated without assistive devices. The treatment plan included medication refills for Zanaflex, Norco, and Lidoderm patches. The provider's rationale for the request was noted within the treatment plan. A Request for Authorization form was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFELX 4 MG TABLETS (TIZANIDINE HYDROCHLORIDE TABLET): 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 Page(s): 66.

Decision rationale: The request for Zanaflex 4 mg tablets (tizanidine hydrochloride tablet) is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines reference antispasticity/antispasmodic drugs including Zanaflex as centrally acting alpha-2 adrenergic agonists that are FDA approved for the management of spasticity and unlabeled use for back pain. The injured worker has prior therapy of Zanaflex. It was not noted that Zanaflex provided efficacy. Side effects were not noted. In addition, the provider's request fails to indicate a dosage frequency and a Zanaflex quantity. That said, the request for Zanaflex 4 mg tablets (tizanidine hydrochloride tablet) is not medically necessary.

UDA (URINE DRUG ANALYSIS) X 4 PER YEAR: Upheld

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

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

Decision rationale: The request for urine drug analysis x4 per year is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or presence of illegal drugs. In criteria for the use of opioids: steps to take before a therapeutic trial of opioids and ongoing management; this is useful for differentiation and dependence as well as screening for addiction. The documentation provided for review does not indicate the injured worker with suspect abuse, addiction, or poor pain control. Urine drug screening is recommended by the Guidelines; however, 4 times a year is excessive without suspicion of risk factors. Therefore, the request for urine drug analysis x4 per year is not medically necessary.

NORCO 10/325 #150: 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): 78.

Decision rationale: The request for Norco 10/325 mg #150 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the

"4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes should over time affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided for review fails to indicate an adequate pain assessment for the injured worker on opioids. The pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to the lack of an adequate pain assessment, the request fails to indicate a dosage frequency. As such, the request for Norco 10/325 mg #150 is not medically necessary.