

Case Number:	CM14-0139909		
Date Assigned:	09/08/2014	Date of Injury:	09/12/2012
Decision Date:	09/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Practice, 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:

34 yr. old female claimant sustained a work injury on 9/12/12 involving the low back. She was diagnosed with L5-S1 disc protrusion with impingement and disc herniation. Since 2010 she had been on muscle Zanaflex (Tizandinie). Her pain in general was 5/10 with medication and 10/10 without medications (as noted in a progress not in on 4/5/14). This was similar to previous exam. She had also been on Norco for several months. A progress note on 7/16/14 indicated the claimant had persistent 6/10 back pain. There was no change in exam findings per the clinician without ant detail examination. A request was made for continuation of Tizandine and a urine analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misues/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to

prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Tizanidine HCL 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 62-63.

Decision rationale: According to the MTUS guidelines, muscle relaxants are to be with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The claimant had been on Tizandine for many years with stable function and pain response indicating diminishing benefit. The prolonged use of Tizandine is not medically necessary.