

<b>Case Number:</b>	CM15-0010133		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Emergency Medicine

### 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 26 year-old male who has reported back and leg pain after an injury on May 13, 2011. The diagnoses have included lumbar spine disc herniation, lumbar spinal stenosis, and a right femur fracture. Treatment to date has included acute care of the fracture, medications and injections. There are periodic reports from the treating physician during 2014. Prescribed medications include naproxen. There are multiple recommendations for routine blood testing. There are no definite authorizations for any of the liver, kidney, or CBC tests. There is one drug test reportedly showing THC. Reports note drinking a 6-pack every other night. No reports have a work status. Per the PR2 of 11/26/14, Norco helps with sitting, stairs, and standing. "Labs were denied." Cannabis is used. Tizanidine was ongoing and increased. Lab work was stated to have not been performed for years. Norco was prescribed. A "medication screen" was to be performed at the next visit. Per the Request for Authorization of 11/26/14, the treating physician requested a liver function panel, kidney function panel, a complete blood count, and prescriptions for Tizanidine and Norco. On January 8, 2015 Utilization Review partially certified the request for a prescription for Tizanidine, noting the lack of medical necessity for any refills. The Utilization Review non-certified the request for the blood work and a prescription for Norco, noting the lack of MTUS support for Norco and the recent blood tests already certified. The Official Disability Guidelines and the MTUS were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at minimum. No reports show any specific and significant improvements in function as a result of prescribing muscle relaxants. Work status was not addressed and any other functions were minimally addressed. Tizanidine is not medically necessary per the MTUS recommendations.

**Refill of Norco 7.5/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, opioids, adverse effects

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work status, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The references to improved function are vague. There is no work status documented. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. Urine drug screens should be random, which does not appear to be occurring in this case. The actual results of any drug screens were not presented other than a brief mention of a positive THC result. The injured worker is using THC as well as heavy alcohol intake. The treating physician does not appear to have addressed the alcohol intake. The use of other habituating, sedating, CNS-depressing substances is contraindicated in patients taking opioids and is discussed in detail in the Official Disability Guidelines citation above. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Hepatic function panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, tizanidine Page(s): 63,66.

**Decision rationale:** It is not clear from the medical records that any liver tests have been performed recently. The Utilization Review referred to a test previously authorized but there is no evidence in the records and the treating physician stated that no tests have been performed for years. Tizanidine, per the citation above, can be hepatotoxic. Liver monitoring is recommended. Given that the injured worker has been prescribed tizanidine chronically, the liver tests are medically necessary. The Utilization Review is overturned, as the tests are necessary. Insufficient information was provided to Independent Medical Review to show that these tests would proceed without an approval from Independent Medical Review.

**Renal function panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen toxicity; NSAIDS, specific drug list & adverse effects Page(s): 12; 70.

**Decision rationale:** The treating physician has not provided sufficient indications for renal testing. The MTUS has some indications for routine testing of renal function but the treating physician has not addressed this. The records contain some references to prescribing of naproxen. Per the MTUS and the FDA, periodic monitoring of renal function and a CBC are recommended. The Utilization Review is overturned based on the information in the records and the MTUS which recommends this kind of testing. Insufficient information was provided to Independent Medical Review to show that these tests would proceed without an approval from Independent Medical Review.

**Complete blood count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen toxicity; NSAIDS, specific drug list & adverse effects Page(s): 12; 70.

**Decision rationale:** The treating physician has not provided sufficient indications for renal testing. The MTUS has some indications for routine testing of renal function but the treating physician has not addressed this. The records contain some references to prescribing of naproxen. Per the MTUS and the FDA, periodic monitoring of renal function and a CBC are

recommended. The Utilization Review is overturned based on the information in the records and the MTUS which recommends this kind of testing. Insufficient information was provided to Independent Medical Review to show that these tests would proceed without an approval from Independent Medical Review.