

<b>Case Number:</b>	CM15-0011623		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/08/2001
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 77 year old female sustained a work related injury on 01/08/2001. According to a progress report dated 12/04/2014, the injured worker was seen for evaluation of low back pain. She continued to manage symptoms with medications. She took Norco 4 tablets a day and Zanaflex 1 or 2 tablets a day for some of the muscle spasms. Comorbid conditions included rheumatoid arthritis. Objective findings included tenderness along the lumbar paraspinal musculature. She had limited extension which was about 0 to 10 if that. She was not able to bend forward much past 30 degrees. She had deformity in the right hand and the fingers from rheumatoid arthritis and she was wearing a support glove to help hold the fingers straight in normal position. According to the provider, medications were bringing her pain levels down at least 50 percent allowing her to stay functional, although she was dealing with personal issues from the passing of her husband and her comorbid conditions with rheumatoid arthritis. If pain levels continued to worsen, she may be a candidate for trial of Cymbalta for her mood as well as chronic pain. The treatment plan included a random urine drug screen. Prescriptions were given for Norco and Zanaflex. A urine toxicology report dated 12/04/2014 was submitted for review. On 12/26/2014, Utilization Review non-certified Retro Zanaflex 4mg quantity 120 and Retro Urine Drug Screen quantity 1. According to the Utilization Review physician, in regard to Zanaflex, there was no explicit documentation of muscle spasms on the physical exam. There was no documented functional improvement from any previous use. CA MTUS ACOEM Treatment Guidelines were cited. In regard to urine drug screening, there was no documentation of the dates of the previous drug screenings over the past 12 months and what those results were and any potential related

actions taken. There was no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retro Zanaflex 4 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

**Decision rationale:** The request for Zanaflex is medically unnecessary. Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be “effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy wanes over time and chronic use may result in dependence.” The patient has been on Flexeril with relief of subjective spasms, which never objectively documented on. There is no objective documentation of functional improvement. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered medically unnecessary.

#### **Retro Urine Drug Screen #1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids page(s) 43, 78 Page(s): 43, 78.

**Decision rationale:** The request for a urine drug screen is considered medically necessary. Her medications included opioids and in order to monitor effectively, the 4 A’s of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.