

<b>Case Number:</b>	CM15-0016133		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	08/30/1999
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male sustained an industrial injury on 8/30/99. He subsequently reports multiple areas of pain including bilateral upper and lower extremities as well as lower back. The injured worker has undergone bilateral carpal tunnel surgeries, several right knee surgeries and right knee surgery. Prior treatments include physical therapy and narcotic pain medications. The UR decision dated 1/6/15 non-certified 1. 051129-3981 Tizanidine 2MG 2. 97800 Acupuncture Sessions 3. 80101 Urine Drug Screen. The Tizanidine and Urine Drug Screen were denied based on CA MTUS Chronic Pain Treatment guidelines. The Acupuncture was denied based on CA MTUS ACOEM Acupuncture guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg QTY: 60.00:** Overturned

**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 patient presents with pain and weakness in his lower back and upper/lower extremities. The request is for TIZANIDINE 2MG #60. The patient is currently taking Tizanidine and Norco. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the patient has been utilizing this medication since at least 09/19/14. Per 12/22/14 progress report, --The patient-- states continued benefit with the use of Zanaflex for his legs tightness. He states ability to ambulate and extend out his legs easier with use of this medication. Given the benefit from the use of this medication, and the fact that it is allowed for low back pain per MTUS, the request IS medically necessary.

**Acupuncture sessions QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with pain and weakness in his lower back and upper/lower extremities. The patient is s/p right knee replacement surgery on 07/24/14. The request is for 12 SESSIONS OF ACUPUNCTURE. The patient has had a total of 36 sessions of physical therapy since his surgery. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the 12/22/14 progress report states that --the patient-- had acupuncture 10 or 12 years ago and he was able to reduce his medications. It has been more than 10 years since the last course of acupuncture and a short course of acupuncture may be reasonable to address the patient's chronic and persistent symptoms. The patient continues to have ROM issues with the lower back and right knee, for example. It may be reasonable to provide a short-course of acupuncture treatments to address the patient's pain but the current request for 12 sessions would exceed what is recommended per MTUS guidelines for a trial. The request IS NOT medically necessary.

**Urine drug screen QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing/therapeutic trial of opioids Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

**Decision rationale:** The patient presents with pain and weakness in his lower back and upper/lower extremities. The request is for URINE DRUG SCREEN. The patient has been utilizing opioids such as Norco. MTUS guidelines page 43 and page 77 recommend toxicology

exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening UDS-- should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, this patient had UDS on 09/19/14, with normal findings. The treater does not explain why a repeat UDS is needed at this point. There is no opiate risk profile on this patient. While periodic UDS's are recommended as part of opiate management, for low risk, once a year UDS is all that is recommended per ODG. The request IS NOT medically necessary.