

<b>Case Number:</b>	CM15-0016203		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/28/1996
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<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, Arizona

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:

The injured worker is a 66-year-old female who reported an injury on 05/01/1996. The mechanism of injury was not stated. The current diagnosis is degeneration of the lumbar or lumbosacral intervertebral disc. The injured worker presented on 01/16/2015 for a followup evaluation with complaints of persistent pain. The injured worker was status post lumbar radiofrequency ablation on 06/27/2014 with relief of symptoms. The injured worker was utilizing Norco, Lidoderm patch, Celebrex and Zanaflex. The injured worker was not participating in physical therapy. Upon examination, there was documentation of tenderness to palpation in the lumbosacral junction with painful range of motion, 5/5 motor strength and 2+ deep tendon reflexes. Recommendations included continuation of the current medication regimen. A Request For Authorization form was submitted on 01/28/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen (Norco) 7.5/325mg, 1 every 12 hours as needed, QTY: 60:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, short-acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of a failure of nonopioid analgesics. Additionally, the injured worker reported a relief of symptoms with the prior radiofrequency ablation of the lumbar spine. The medical necessity for the ongoing use of an opioid has not been established. Given the above, the request is not medically appropriate.

**Tizanidine (Zanaflex) 2mg 1 HS for 90 days, Dispense 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), ANTISPASTICITY/ANTISPASMODIC DRUGS.

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines do not recommend long term use of muscle relaxants. Therefore, the ongoing use would not be supported. As such, the request is not medically appropriate.

**Retrospective request for Urine Drug Screen, provided on date of service: 01/16/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.