

<b>Case Number:</b>	CM15-0110136		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, Pain Management

### 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 48 year old male, who sustained an industrial injury on 5/8/04. The injured worker was diagnosed as having neck pain, right upper extremity pain, right ulnar neuropathy, atrophy of right upper extremity, chronic thoracic pain, right parascapular pain, left shoulder pain with AC joint degeneration with impingement and right elbow surgery. Treatment to date has included ulnar nerve surgery of right elbow on 3/6/15, physical therapy, oral medications including Norco, Neurontin and Zanaflex and activity restrictions. Currently, the injured worker complains of ongoing neck, thoracic and right upper extremity pain, he rates the pain 8/10 without medications and 5/10 with medications. The medications allow him to continue to work fulltime, and help out at home and perform activities of daily living. Urine drug screen has been negative. He is currently working full time. Physical exam noted well healed surgical incision in the medial aspect of the right elbow with some mild hypersensitivity noted and full range of motion in the elbow. The treatment plan included dispensing of Norco 10/325mg #90, Relafen 750mg #60, Neurontin 800 mg #90 and Zanaflex 4mg 360; continuation of physical therapy, continue working full time, random urine drug screen and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 63-66 of 127 Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

**One (1) urine drug screen:** 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 The Expert Reviewer based his/her decision on the MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 76-79 and 99 of 127 and on the Non-MTUS Official Disability Guidelines, Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient recently underwent UDS with consistent results and there is no current risk stratification suggestive of high risk to support the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.