

<b>Case Number:</b>	CM15-0148464		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

The injured worker is a 47 year old male who sustained an industrial injury on 12-04-06. Initial complaints and diagnoses are not available. Treatments to date include medications, multiple episodes of physical therapy, aqua therapy, TENS unit, home exercise program, multiple consultations, psychiatric therapy, home care, epidural steroid injections, lap band surgery, continuous positive airway pressure machine, and treatment for deep vein thrombosis. Diagnostic studies include laboratory studies, multiple x-rays, CT scans, MRIs, and other diagnostic studies. Current complaints include low back pain radiating to the bilateral lower extremities. Current diagnoses include thoracolumbar musculoligamentous sprain and strain with bilateral lower extremity radiculitis with multilevel disc bulges, degenerative disc disease, and facet degenerative joint disease. In a progress note dated 07-06-15 the treating provider reports the plan of care as medications including Norco, Colace, and Zanaflex, a urine drug screen, continued home care, a second surgical opinion, and transportation to all medical appointments. The requested treatments include a urine drug screen, Norco and Zanaflex, as well as transportation to all medical appointment. The AME on 06-24-15 recommended transportation to all medical appointments, to be reviewed every 90 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen: Upheld**

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

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

**Decision rationale:** The request for a urine drug screen is considered not medically necessary. The patient's medications had 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. The patient was weaned off opioids though and therefore does not need monitoring with UDS. The request is considered not medically necessary.

**1 prescription of Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 79.

**Decision rationale:** The request is considered not medically necessary. The patient was weaned off opioids as there was no improvement in pain and functional capacity. A recent request for opioids was also denied. There was no documented change in pain that would warrant restarting opioids. Risks outweigh benefits, therefore, the request is considered not medically necessary.

**1 prescription of Zanaflex 2mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 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 lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is also no benefit to the combination of muscle relaxants and NSAIDs. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered not medically necessary.

**1 Transportation to and from all appointments/visits: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation.

**Decision rationale:** The request for transportation to and from doctor's office and physical therapy appointments is not medically necessary. MTUS guidelines do not address the need for transportation to and from appointments. According to the ODG, transportation is recommended when medically necessary and for patients with disabilities that prevent self-transport. The patient is able to ambulate. There is no documented reason that patient would require medical transport. Therefore the request is considered not medically necessary.