

<b>Case Number:</b>	CM15-0069924		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 43 year old, female who sustained a work related injury on 9/25/03. The diagnoses have included right shoulder impingement syndrome, right acromioclavicular joint arthritis, status post right shoulder surgery, soft tissue mass of the right posterior shoulder and left shoulder strain. Treatments have included right shoulder injections, trigger point injections, TENS unit therapy, medications, Lidoderm patches and a home exercise program. In the PR-2 dated 3/3/15, the injured worker complains of frequent flare-ups of pain in both shoulders, right worse than left, and states the cold weather has made pain worse. She rates the pain a 3-6/10 with medications and an 8-9 without medications. She states she is able to function better on the medications. She states she is better in her ability to perform activities of daily living. The treatment plan is a request for authorization for a urine drug screen and to continue medications.

### 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 OPIOIDS.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are sprain/strain cervical spine; right shoulder impingement syndrome, AC joint arthritis, status post arthroscopic debridement; sprain/strain right wrist; right carpal tunnel syndrome; right lateral epicondylitis; left over strain; and left elbow lateral epicondylitis. Documentation, according to a November 24, 2014 progress note, shows a urine drug screen was performed. The results were not discussed in the medical record and there is no hard copy in the medical record. The most recent progress note in the medical record dated March 3, 2015 shows the requesting physician ordered a urine drug toxicology screen for medication compliance. There is no documentation in the medical record of aberrant drug related behavior, drug misuse or abuse. There is no clinical indication or rationale for a repeat urine drug screen in the absence of a risk assessment to determine whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication/rationale, a risk assessment, or documentation of aberrant drug-related behavior, urine drug screen is not medically necessary.

**Zanaflex 2MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are sprain/strain cervical spine; right shoulder impingement syndrome, AC joint arthritis, status post arthroscopic debridement; sprain/strain right wrist; right carpal tunnel syndrome; right lateral epicondylitis; left over strain; and left

elbow lateral epicondylitis. The record shows, according to a progress note dated October 27, 2014, the injured worker was taking Soma. There was no documentation of objective functional improvement for non-improvement in the medical record. On November 24, 2014 the treating provider added Zanaflex 2 mg PO TID for trial. Soma was discontinued. There was no clinical rationale medical record for the change from one muscle relaxant to another. Zanaflex is recommended for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. There was no documentation of an acute exacerbation of chronic low back pain. Additionally, the treating provider exceeded the recommended guidelines exceeding the short term (less than two weeks) use of Zanaflex (November 24, 2014 through March 3, 2015). Consequently, absent compelling clinical documentation exceeding the recommended guidelines for short-term use (less than two weeks), Zanaflex 2 mg # 60 is not medically necessary.