

Case Number:	CM15-0072996		
Date Assigned:	04/23/2015	Date of Injury:	12/09/1998
Decision Date:	06/03/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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: Florida

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 59 year old male, who sustained an industrial injury on 12/9/98. The injured worker has complaints of low back pain. The diagnoses have included facet joint degeneration and failed back surgery syndrome lumbar. Treatment to date has included physical therapy; vicodin; kadian; norco; opana extended release; morphine and tizanidine. The request was for lab tests, chemistry 19, complete blood count (includes differential/platelets), acetaminophen, hydrocodone and metabolite, serum, enzyme immunoassay 9 with alcohol plus reflex urine, oxymorphone-free (unconjugated), urinalysis, and complete metabolic panel and tizanidine hydrochloride 4mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Tests: Chem19, Complete Blood Count (includes differential/platelets), Acetaminophen, Hydrocodone and Metabolite, serum, EIA9 with alcohol plus Reflex urine, oxymorphone-free (unconjugated), urinalysis, and complete metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids, NSAIDs, specific drug list & adverse effects Page(s): 77-79 and 70.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. There is no documentation that any aberrant behavior is suspected. A 2/2015 drug screen did show appropriate results. Likewise, the medical necessity of this request cannot be established. Regarding the request for a CMP and CBC with differential, the CMP is an appropriate lab test in this patient as he is taking chronic NSAIDs and chronic narcotic medications that contain Acetaminophen, and should likewise have his renal function and liver function monitored. MTUS supports periodic monitoring of labs when patients are chronically taking NSAID medications. However, A CBC with differential is not necessary as related to his work man's compensation injury. Likewise, this request for lab tests is not considered medically necessary.

Tizanidine Hydrochloride 4mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Tizanidine is not medically necessary.