

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/2/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 1/18/2011
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015808

- 1) MAXIMUS Federal Services, Inc. has determined the request for **urine drug testing is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Nizatidine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **urine drug testing** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine** is **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Nizatidine** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; intermittent urine drug testing; unspecified numbers of epidural steroid injections; unspecified amounts of physical therapy; and extensive periods of time off of work.

In a utilization review report of July 22, 2013, the claims administrator partially certified a prescription for oxycodone, certified a prescription for Pristiq, and denied request for urine drug testing, tizanidine, and nizatidine.

The applicant's attorney subsequently appealed on August 19, 2013.

In a prior note on July 8, 2013, the claims administrator notes that the applicant is unable to work and reports a lot of interference in function. The applicant is former systems administrator. The applicant has chronic anxiety, depression, and insomnia, it is further stated. The applicant is scheduled for a laminectomy, but has become increasingly anxious. The applicant states that the pain with medications is 4/10, is keeping him functional, is allowing for increased mobility, and is generating tolerance with activities of daily living and home exercises.

In the gastrointestinal review of systems section, it is stated that the applicant denies any nausea, vomiting, diarrhea or other GI side effects, including abdominal pain. The applicant is tremulous on exam, exhibits limited lumbar range of motion, positive straight leg raising, and an antalgic gait with strength scored at 2+/5 about the bilateral lower extremities. Urine drug testing is performed and the applicant is given numerous medication refills. It does appear that the applicant later underwent surgery, as it is suggested on a note of September 18, 2013, that the applicant underwent surgery two months prior.

REFERRAL QUESTIONS:

1. The request for urine drug testing is not medically necessary, medically appropriate or indicated here.

While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse urine drug testing in the chronic pain population. The MTUS does not provide specific parameters for or recommend a frequency with which to perform urine drug screening. As noted in the ODG Chronic Pain Chapter, the [REDACTED] Guidelines represents the most legally defensible framework for performing drug testing. ODG further recommends that the attending provider clearly states the results of testing in an applicant's chart to document compliance or deviation. It is further noted that the progress note should also indicate a complete list of drugs with last time of use of specific drug to evaluate it for. In this case, however, the attending provider did not state the last time the applicant was tested. The attending provider did not include information about the actual classes of drugs requested for testing or state reasons why the testing is being performed on the date in question. The attending provider did not state what drugs he was testing for or whether he was performing qualitative or quantitative testing. For all of these reasons, it does not appear that the ODG criteria for urine drug testing have been met. Therefore, the request is non-certified, on independent medical review.

2. The request for tizanidine is certified, on independent medical review.

As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine is tepidly endorsed by the MTUS for unlabeled purposes for low back pain. In this case, the attending provider stated on the progress note in question that the applicant had reported improved performance of activities of daily living and diminished pain scores, from 9/10 to 4/10 through ongoing usage of tizanidine and other medications. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

3. The request for nizatidine, an H2 antagonist, is non-certified.

While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of H2 antagonist such as nizatidine for those individuals with NSAID-induced dyspepsia, in this case, however, there was no mention of issues with dyspepsia, either an NSAID induced or stand alone as of the progress note in question, July 8, 2013. The applicant's gastrointestinal review of systems noted on that date was entirely negative.

Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for urine drug testing:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines, Pain Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines (ODG), Chronic pain, which is not part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines endorse urine drug testing in the chronic pain population. The Official Disability Guidelines recommends that the attending provider clearly states the results of testing in an individual's chart to document compliance or deviation, and that the progress note should also indicate a complete list of drugs with last time of use of specific drug to evaluate it for. In this case, however, the attending provider did not state the last time the employee was tested, or what drugs he/she was testing for or whether he/she was performing qualitative or quantitative testing. The attending provider did not include information about the actual classes of drugs requested for testing or state reasons why the testing is being performed on the date in question. **The request for urine drug testing is not medically necessary and appropriate.**

2) Regarding the request for Tizanidine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antispasticity/antispasmodic drugs, page 66, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that tizanidine is endorsed for unlabeled purposes for low back pain. In this case, the attending provider stated on the progress note in question that the employee had reported improved performance of activities of daily living and diminished pain scores, from 9/10 to 4/10 through ongoing usage of tizanidine and other medications. **The request for Tizanidine is medically necessary and appropriate.**

3) Regarding the request for Nizatidine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the The Claims Administrator based its decision on the Food and Drug Administration, http://www.accessdata.fda.gov/drugsatfda_docs/label/2005/019508s033lbl.pdf, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page 69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines endorse usage of H2 antagonist such as nizatidine for those individuals with NSAID-induced dyspepsia. In this case, there was no mention of issues with dyspepsia, either a non-steroidal anti-inflammatory drug (NSAID) induced or stand alone as of the progress note in question, July 8, 2013. The employee's gastrointestinal review of systems noted on that date was entirely negative. **The request for Nizatidine is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.