

Case Number:	CM13-0015716		
Date Assigned:	03/19/2014	Date of Injury:	08/24/2009
Decision Date:	09/18/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 24, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; various interventional spine procedures; and topical drugs. In a Utilization Review Report dated July 26, 2013, the claims administrator approved a request for a lumbar rhizotomy procedure, denied tizanidine, denied Medrox, approved OxyContin, and partially certified Oxycodone. The applicant's attorney subsequently appealed. In an applicant questionnaire dated August 14, 2013, the applicant acknowledged that she was not working and was having issues with insomnia secondary to medications. The applicant self reported 6-8/10 pain. The applicant is using OxyContin, Oxycodone, and Zanaflex, it was stated. In an August 14, 2013 progress note, the applicant reported persistent complaints of pain, 8-9/10 pain. The applicant then stated, somewhat incongruously, that OxyContin, oxycodone, and Terocin were ameliorating his low back pain. The applicant was given multiple medication refills, including OxyContin, oxycodone, Zanaflex, and topical Terocin patches. The applicant's work status was not furnished, on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 20MG, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , When to Continue Opioids topic Page(s): 80.

Decision rationale: The MTUS As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant's ability to perform activities of daily living, the attending provider has acknowledged, is significantly limited, despite ongoing opioid usage with Oxycodone. The applicant continues to report pain at 8-9/10 level or greater, it is further suggested. Continuing Oxycodone is not indicated, given the foregoing. Therefore, the request is not medically necessary.

MEDROX PATCHES #2 BOXES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic topic. 9792.20f Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Medrox are deemed largely experimental. In this case, no rationale for selection and/or ongoing usage of Medrox in the face of the unfavorable MTUS position on the same was proffered by the attending provider. It is further noted that the applicant's failure to return to any form of work and continued dependence on opioid analgesic such as OxyContin and oxycodone, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Medrox usage. Therefore, the request is not medically necessary.

TIZANIDINE 4MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tizanidine or Zanaflex Page(s): 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. The applicant reports

8-9/10 pain, despite ongoing usage of Tizanidine. The applicant is, as previously noted, off of work. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.