MAXIMUS Federal Services

Case Number:	CM13-0024296		
Date Assigned:	12/18/2013	Date of Injury:	11/24/2010
Decision Date:	01/30/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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 a represented [redacted] employee who has filed a claim for chronic neck, low back, and digit pain reportedly associated with an industrial injury of April 27, 2010. 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; muscle relaxants; and extensive periods of time off of work. The applicant has apparently not returned to work as a bus driver, it is suggested on a qualified medical evaluation report of August 6, 2013. In a utilization review report of August 28, 2013, the claims administrator denied a request for tramadol, Neurontin, Naprosyn, and tizanidine. The applicant's attorney later appealed. An earlier handwritten progress report of July 10, 2013 is somewhat difficult to follow and notable for comments are that the applicant presents for medication refills. The applicant reports persistent neck and low back pain radiating to the legs. The applicant is on Neurontin, Naprosyn, tramadol, and Flexeril. Tenderness and limited range of motion of various body parts is exhibited. The applicant's pain level ranges from 6-8/10, at best, 6/10 and at worst 8/10. Despite the minimal response to medications, all of the above are refilled. Laboratory testing is also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Tramadol HCL 50mg, #120, 8/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 of 127.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy is evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that any of the aforementioned criteria have been met. The applicant's reduction in pain level effected as a result of ongoing medication usage is marginal, with pain scores apparently diminished from 8/10 at worst to 6/10 at best. The applicant has failed to return to work. There is no clear-cut evidence of improved function, either. Continuing opioids, on balance, is not indicated in this context. Therefore, the request is not certified.

Prescription Gabapentin 600mg, #60, 8/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS-Definitions: Functional Improvement. Page(s): 19 of 127.

Decision rationale: Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines recommends a trial period of three to eight weeks of gabapentin for titration purposes and then one to two weeks at maximal tolerated dose. In this case, the applicant has used gabapentin for protracted amounts of time. There is no evidence of ongoing functional improvement effected as a result of the same. The applicant has failed to return to work. There is no evidence of reduction in dependence on medical treatment or improved performance of activities of daily living, either. If anything, the applicant's continued dependence on numerous analgesic and adjuvant medications and failure to return to work implies a lack of functional improvement as defined in section 9792.20f.

Prescription Naproxen Sodium 550mg, #60, 8/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and the MTUS-Definitions: Functional Improvement..

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti inflammatory medications such as Naprosyn are the traditional first line of treatment for chronic low back pain, in this case, as with Neurontin, the applicant has failed to derive any lasting benefit or functional improvement through prior usage of the same.

The applicant's continued dependence on various medications and failure to return to any form of work imply a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

Prescription Tizanidine 4mg, #90, 8/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine amd MTUS-Definitions: Functional Improvement. Page(s): 66 of 127.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that tizanidine or Zanaflex can be employed off label to treat low back pain, in this case, as with the other drugs, the applicant has used this particular agent chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant's failure to return to any form of work and continued dependence on multiple medications imply a lack of reduction in dependence on medical treatment. Therefore, the request is not certified owing to a lack of functional improvement as defined in MTUS 9792.20f.