MAXIMUS Federal Services

Case Number:	CM13-0033711		
Date Assigned:	12/06/2013	Date of Injury:	08/27/2007
Decision Date:	04/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 a represented 51-year-old who has filed a claim for chronic shoulder, mid back, rib, and low back pain reportedly associated with an industrial injury of August 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; nutritional supplement; transfer of care to and from various providers in various specialties; attorney representation; topical agents; and apparent return to a part-time work in a new role. In a Utilization Review Report of October 2, 2013, the claims administrator denied a request for Zanaflex, denied a request for Doxepin gel, denied a request for Protonix, denied a request for Relafen, denied a request for Synovacin, and denied a request for Vicodin. The applicant's attorney subsequently appealed. In an appeal letter dated October 9, 2013, the attending provider goes on to mount an appeal for Doxepin gel, Protonix, Synovacin, and Vicodin. The applicant was apparently seen on this date. The applicant is a former State Farm Insurance agent, it is stated. She is status post a lumbar fusion surgery and carpal tunnel release surgery, it is stated. The applicant exhibits right 4/5 lower extremity strength. It is stated Zanaflex is being employed for muscle spasm purposes, that Protonix is being employed secondary to chronic gastritis issues and heartburn secondary to medication usage, including Relafen usage, and that the Doxepin gel is diminishing the applicant's consumption of oral medications. It is further stated that the applicant has evidence of degenerative disk disease on lumbar MRI imaging of May 2012, and that Synovacin (glucosamine) is intended to ameliorate the same. It is further stated that Norco is diminishing the applicant's pain scores from 8/10 to 5/10 and that it is facilitating her ability to perform activities of daily living, including personal hygiene activities. The attending provider goes on to appeal all the previously denied medications and imaging studies. It is subsequently stated on August 30, 2013 that the applicant is contemplating a functional restoration program.

The applicant apparently has a new job which is paying her well, it is stated. She is working on a part time basis, three (3) days a week, it is stated. A 15-pound lifting limitation is imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG#90 (DOS:07/05/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE (ZANAFLEX).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE Page(s): 63.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Tizanidine or Zanaflex is FDA approved for the management of spasticity and can be employed for off label use in the treatment of low back pain, as is present here. The applicant has multifocal pain complaints, including about the low back, neck, and wrist. The applicant has demonstrated functional improvement with ongoing Zanaflex usage. The applicant has returned to part time work in a different role. The applicant's ability to perform activities of daily living is apparently magnified as a result of ongoing Zanaflex usage. Continuing the same, on balance, is indicated. Therefore, the request is certified, on Independent Medical Review.

DOXEPIN 3.3% GEL 60G (DOS: 07/05/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation INTIAL APPROACHES TO TREATMENT (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 3), PG. 47

Decision rationale: The MTUS/ACOEM Guidelines indicate that oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using numerous first-line oral pharmaceuticals, including Tizanidine, Relafen, Neurontin, Norco, effectively obviating the need for the Doxepin gel. As further noted in the guidelines, topical agents are "largely experimental, to be employed for neuropathic pain only when trials of antidepressants and/or convulsants fail." In this case; however, the applicant is apparently using Neurontin, an anticonvulsant adjuvant medication, with reportedly good effect, again effectively obviating the need for the Doxepin containing compounded gel. Therefore, the request is not certified, on Independent Medical Review.

PROTONIX 20MG #60 (DOS:07/05/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The attending provider has stated that Protonix is being employed to combat medication-induced dyspepsia, and, in particular, dyspepsia induced by a non-steroidal anti-inflammatory drug (NSAID), Relafen. The Chronic Pain Medical Treatment Guidelines indicate that proton pump inhibitors, such as Relafen, are in fact, indicated in the treatment of dyspepsia particularly that which is NSAID induced. Therefore, the request is certified, on Independent Medical Review.

SYNOVACIN 500MG #90 (DOS: 07/05/2013): 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 GLUCOSAMINE Page(s): 50.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do acknowledge that usage of glucosamine is indicated in the treatment of arthritis, and, in particular, knee arthritis, in this case, however, there is no compelling clinical or radiographic evidence of arthritis here. The applicant does not have any complaints seemingly localized to the knees. Much of the applicant's pain is associated with low back pain. While she is described as having degenerative disk disease of the lumbar spine, she was never in fact described as having degenerative osteoarthritis about the same. Therefore, the request is not certified, on Independent Medical Review.

HYDROCODON /APAP 5/500MG #90 (DOS: 07/05/2013): Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and reduced pain effected as a result of the same. In this case, the applicant has returned to work, albeit in a different role and on a part-time basis. She is reporting appropriate reductions in pain scores from 8/10 to 5/10, as a result of ongoing medication consumption. Her ability to perform activities of daily living is likewise magnified as a result of ongoing Vicodin usage, it has been reported. Therefore, the request is certified, on Independent Medical Review.