MAXIMUS Federal Services

Case Number:	CM13-0041249		
Date Assigned:	12/20/2013	Date of Injury:	05/14/2010
Decision Date:	04/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/11/2013

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 [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 14, 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; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. The applicant is retired from his former employment, it is stated. In a utilization review report of September 13, 2013, the claims administrator denied a request for Zanaflex, Cataflam, and Zantac. The applicant's attorney subsequently appealed. A clinical progress note of January 20, 2014 is notable for comments that the applicant reports heightened back and leg pain. The applicant is getting worse. The applicant would like to taper down his medications. He described as having a flare-up of symptoms. Physical therapy is endorsed. An earlier note of October 15, 2013 is notable for comments that the applicant reports ongoing neck, back pain, carpal tunnel syndrome, and numbness about the hands. The applicant is retired. The applicant exhibits 36 pounds of grip strength about the right hand versus 28 pounds about the left. The applicant's medications are reportedly refilled. The operating diagnoses include chronic neck pain, chronic low back pain, shoulder tendinitis, and history of carpal tunnel syndrome. An earlier note of April 6, 2013 is notable for comments that the applicant was given anti-inflammatory medications, including Naprosyn. The applicant was described as "disabled" from regular duties. Manipulative therapy was endorsed. The applicant was described as having persistent stomach symptoms on this occasion. An earlier note of October 22, 2012 was also notable for comments that the applicant was having stomach complaints/abdominal complaints as well as derivative depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANTAC 150MG #60, ONE (1) TAB TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK. Page(.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that proton pump inhibitors or H2-receptor antagonist, such as Zantac (ranitidine) can be employed in the treatment of non-steroidal anti-inflammatory drug-induced dyspepsia. In this case, the applicant is consistently described on multiple progress notes, as exhibiting ongoing issues with dyspepsia/stomach pain/abdominal complaints. Ongoing usage of ranitidine to combat the same is indicated and appropriate. Accordingly, the request is certified, on independent medical review.

ZANAFLEX 4MG #60, ONE (1) TAB TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN). Page(s): 66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Zanaflex can be used off label to manage low back pain. However, the applicant has used this particular medication for some time, and has failed to derive any lasting benefit through prior usage of the same. The applicant is off of work, and is still reliant on various medications and medical treatments, including physical therapy and manipulative therapy. The applicant is not achieving appropriate analgesia through ongoing Zanaflex usage, and it has been posited in several progress notes. Accordingly, the request is not certified owing to a lack of functional improvement with prior Zanaflex usage.

CATAFLAM 50MG #90, ONE (1) TAB TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS. Page(s): 22.

Decision rationale: Final Determination Letter for [redacted] 4 The Expert Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that proton pump inhibitors or H2-receptor antagonist, such as Zantac (ranitidine) can be employed in the treatment of non-steroidal anti-inflammatory drug-induced dyspepsia. In this case, the applicant is consistently described on multiple progress notes, as exhibiting ongoing issues with dyspepsia/stomach pain/abdominal complaints. Ongoing usage of ranitidine to combat the same is indicated and appropriate. Accordingly, the request is certified, on independent medical review. 3. CATAFLAM 50MG #90, ONE (1) TAB TWICE A DAY IS NOT MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 71. The Expert Reviewer based his/her decision on the MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS, PAGE 22. The Expert Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication, such as Cataflam (diclofenac) represents the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, as with the request for Zanaflex, the applicant has failed to achieve the requisite functional improvement needed to justify the continuation of Cataflam. The applicant is off of work, and the applicant's pain complaints are heightened. The applicant remains reliant on various other forms of medical treatment, including physical therapy and manipulative therapy. All of the above, taken together, imply a lack of functional improvement as defined in the guidelines, despite ongoing usage of Cataflam (diclofenac). Therefore, the request is not certified, on independent medical review.