

Case Number:	CM13-0064282		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2000
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 myofascial pain syndrome, chronic regional pain syndrome, and chronic left foot pain reportedly associated with an industrial injury of May 4, 2000. Thus far, the applicant has been treated with following: analgesic medications; adjuvant medications; muscle relaxants; attorney representation; a spinal cord stimulator; and extensive periods of time off of work. In a Utilization Review Report of November 26, 2013, the claims administrator conditionally denied request for OxyContin immediate release and Zanaflex, citing lack of supporting information. The applicant's attorney subsequently appealed. An earlier note of February 28, 2013 is sparse and notable for comments that the applicant has been deemed "permanently disabled." On October 30, 2013, the applicant presented with issues related to chronic regional pain syndrome of the left foot. The applicant is described as having a difficult time. His ex-wife recently passed away, it was stated. The applicant stated that he is trying to support the rest of his family, including grandchildren. He apparently strained his right lumbar muscles while working, it was stated. The applicant states that a spinal cord stimulator, OxyContin, and Zanaflex are working well. The applicant states that his pain scores are 5/10 with medications and 5/10 without medications. The applicant states his ability to function and sleep has improved as a result of ongoing medication usage. The applicant denied any depression. Much of the documentation was provided through preprinted checkboxes without much in the way of narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF ZANAFLEX 4MG, QTY 120: 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 Section Tizanidine Page(s): 66.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine or Zanaflex is Food and Drug Administration (FDA) approved for the management of spasticity. It is tepidly endorsed for off-label purpose in the treatment of low back pain. In this case, however, the bulk of the information on file suggests that the applicant's issues now pertain to chronic regional pain syndrome of the left foot. There is little or no mention of issues related to ongoing back pain. It is further noted that the attending provider has not clearly detailed how ongoing usage of Zanaflex has been beneficial. There is no evidence that the applicant has any lasting benefit or functional improvement as defined by the parameters established in MTUS 9792.20f. Specifically, there is no evidence that the applicant has experienced a reduction in work restrictions, successfully returned to work, and/or diminished reliance on medications or other forms of medical treatment as a result of Zanaflex usage. Therefore, the request is not certified, for all of the stated reasons.

ONE PRESCRIPTION OF OXY IR 30MG, QTY 150: 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 Section When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids therapy are evidence of successful return to work, improved functioning, and reduced pain effected as a result of the same. In this case, however, there is no clear evidence that the applicant has returned to work. Much of the information on file is sparse and handwritten. It was seemingly suggested on multiple occasions that the applicant had been deemed permanently disabled. The applicant's pain levels are scored at 5/10 without medications and 5/10 with medications, implying that they are not altogether successful. While the attending provider has stated that the medications are improving the applicant's activity levels, he has not clearly detailed which activities have specifically been ameliorated as a result of ongoing oxycodone usage. On balance, it does not appear that MTUS criteria for continuation of opioids therapy have been met. Therefore, the request is not certified.