

Case Number:	CM14-0005043		
Date Assigned:	01/24/2014	Date of Injury:	01/15/2010
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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 plantar fasciitis and myofascial pain syndrome reportedly associated with an industrial injury of November 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants, angiolytic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for Norco, Prilosec, Tizanidine, Naprosyn, Xanax, trigger point injection therapy, and a plantar fascia steroid injection. The claims administrator stated that the attending provider had not documented what functionality had been achieved with ongoing medication therapy and further noted that the claimant did not appear to have palpable trigger points for which trigger point injections would be indicated. The applicant's attorney subsequently appealed. A November 5, 2013 progress note was notable for comments that the applicant reported persistent neck pain radiating to the left upper extremity along with back pain, ankle pain, foot pain, and gait disturbance. The applicant's request for spine surgery has been denied, it was stated. Compensable disputes were also evident. The applicant had plantar fascia tenderness appreciated and limited cervical range of motion with triggering about the digits. The applicant was given diagnoses of plantar fasciitis, trigger finger, chronic low back pain, chronic neck pain, and thoracic outlet syndrome. Norco, Tizanidine, Xanax, Prilosec, topical agent, and Naprosyn were endorsed. The applicant received trigger point injections and plantar fascia injections in the clinic setting. The applicant reportedly exhibited pain relief following the same. The applicant's work status was not detailed in this occasion. An earlier note of August 13, 2013 was notable for comments that the applicant was again placed off of work, on total temporary disability. The applicant was described as "essentially unchanged." The applicant was on Norco, tizanidine, Xanax, Prilosec, and topical agents at that point in time. It was stated that

the applicant was using Prilosec for gastritis, but this was not expounded upon. The remainder of the file is surveyed. There is no evidence that the applicant had undergone earlier plantar fascia injections. In a request for authorization dated November 12, 2013, the attending provider sought authorization for trigger point injection therapy, further plantar fascia injections, Norco, tizanidine, Xanax, Prilosec, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant's ability to perform activities of daily living is seemingly diminished. There is no evidence of analgesia affected as a result of ongoing opioid therapy with Norco. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary and appropriate.

PRILOSEC 20MG #30: Overturned

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Guidelines, Prilosec, a proton pump inhibitor, is indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was described as having issues with gastritis on progress notes of November 5, 2013 and August 13, 2013. While these issues were incompletely characterized and not fully expounded upon, there does appear to be active symptoms of dyspepsia and gastritis here which would support ongoing usage of Prilosec. Therefore, the request is medically necessary.

TIZANIDINE 4MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Tizanidine Page(s): 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Guidelines does note that Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label in the treatment of low back pain, in this case, however, the request in question represents a renewal request. The applicant has, however, failed to receive any lasting benefit for functional improvement despite ongoing usage of the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various medications, trigger point injections, trigger finger injections, plantar fascia injections, etc. All of the above, taken together, imply a lack of functional improvement despite ongoing usage of tizanidine. Therefore, the request is not medically necessary and appropriate.

NAPROXEN 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-Inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first-line treatment for various chronic pain conditions, in this case, however, the applicant has used Naprosyn chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work, on total temporary disability. The applicant is highly reliant on medications and injections. The applicant is, furthermore, considering a spine surgery. All of the above, taken together, imply a lack of functional improvement despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary and appropriate.

XANAX ER 1MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Xanax may be appropriate for brief periods of time in cases of overwhelming symptoms but are not recommended as a first-line therapy for stress related conditions. Anxiolytics such as Xanax are not recommended for chronic or long-term use purposes. In this case, the attending provider is seemingly suggesting that the applicant use Xanax on a long-term, scheduled basis for anxiety. This is not an approved indication for the use of Xanax. Therefore, the request is not medically necessary and appropriate.

TRIGGER POINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Trigger Point Injections Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Guidelines, trigger point injections are not recommended for radicular pain. In this case, the applicant has active symptoms of cervical radiculopathy with neck pain radiating to the arm. The applicant is also considering cervical spine surgery, it is further noted. The request in question, furthermore, is a request for repeat trigger point injection therapy. As further noted on page 122 of the MTUS Chronic Pain Guidelines, repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks and there is documented evidence of functional improvement. In this case, however, there is no documented evidence of functional improvement. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on injection therapy, medications, etc. and is, furthermore, considering a spine surgery. All of the above, taken together, imply lack of functional improvement despite earlier trigger point injection therapy. Therefore, the request is not medically necessary and appropriate.

PLANTAR FASCIA STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 376.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 14, repeated or frequent injections of corticosteroids are "not recommended." In this case, the applicant underwent earlier injection therapy on November 5, 2013. The request was posited as a prospective request for further plantar fascia steroid injections made via a request for authorization form dated November 22, 2013. There was, however, no documented evidence of functional improvement or lasting benefit achieved through the earlier plantar fascia steroid injection performed on November 5, 2013. The attending provider did not attach any clinical information or progress notes to the request for authorization dated November 22, 2013. As noted by ACOEM, repeated or frequent injections are not recommended, particularly without documented evidence of functional benefit. Therefore, the request is not medically necessary.