

Case Number:	CM14-0011303		
Date Assigned:	02/21/2014	Date of Injury:	11/26/2008
Decision Date:	07/21/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 chronic pain syndrome, bilateral knee pain, low back pain, and eye pain reportedly associated with an industrial injury of November 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; anxiolytic medications; earlier total knee arthroplasty; and extensive periods of time off of work, on total temporary disability. In a medical-legal evaluation dated January 27, 2013, the applicant was placed off of work, on total temporary disability. On February 13, 2013, the applicant was described as carrying diagnosis of chronic opioid use, severe arthritis of the knees, generalized anxiety disorder, unfavorable reaction to previously placed knee arthrosis, peripheral neuropathy, and gastroesophageal reflux disease. In a Utilization Review Report dated February 16, 2014, the claims administrator denied a request for tizanidine, Lyrica, topical capsaicin, Topamax, polysomnography, and electrodiagnostic testing while seemingly approving a psychiatry consultation. The applicant's attorney subsequently appealed. On February 27, 2013, the applicant was described as presenting to obtain preoperative clearance. The applicant was status post earlier knee replacement, hip replacement, gastric bypass, and ulcer repair. The applicant's medication list included Xanax, BuSpar, Celebrex, Percocet, estrogen, Levoxyl, methadone, Reglan, Protonix, and Zocor, at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG (ONE (1) TAB BY MOUTH THREE (3) TIMES A DAY; #90): 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 Tizanidine Page(s): 66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does note that tizanidine is FDA approved in the management of spasticity and can be employed, off-label, for low back pain, in this case, however, the request in question seemingly represents a renewal request for tizanidine. However, the applicant has failed to respond favorably to ongoing usage. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. The applicant's pain complaints are heightened, despite ongoing usage of tizanidine and other medications. There is no mention of tizanidine or other medications benefiting the applicant in any appreciable way. Therefore, the request is not medically necessary owing to a lack of functional improvement with ongoing tizanidine usage.

LYRICA 50MG (ONE (1) TAB BY MOUTH THREE TIMES A DAY, #90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin) Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do acknowledge that pregabalin, or Lyrica, is a first-line treatment for neuropathic pain, as is present here, in this case, as with the other medications, the applicant has failed to effect any lasting benefit or functional improvement, despite ongoing usage of tizanidine. The applicant remains off of work. The applicant remains highly dependent and highly reliant on various opioid and non-opioid analgesic medications, arguing against the effectiveness of Lyrica. Therefore, the request is not medically necessary.

CAPSAICIN (FOR LOCAL PAIN AND TO INCREASE CIRCULATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin Page(s): 28.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does state that capsaicin is a last-line agent, to be employed in applicants in whom there is a history of intolerance to and/or failure of multiple classes of first-line medications, in this case, however, no compelling rationale for ongoing usage of capsaicin has been provided. It does not appear that the applicant has profited through usage of capsaicin or other medications, either topical or oral.

The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on opioid therapy, including methadone. Therefore, the request to continue capsaicin is not medically necessary.

TOPAMAX 25MG (ONE (1) BY MOUTH EVERY DAY FOR FOURTEEN (14) DAYS THEN TWO (2) BY MOUTH EVERY DAY, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 21.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do state that Topamax can be used for neuropathic pain when other anticonvulsants fail, in this case, the applicant has used this and another anticonvulsant, Lyrica, without any reported profit. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on multiple opioids, including methadone. The applicant's pain complaints are heightened as opposed to reduce, despite ongoing Topamax usage. Therefore, the request is not medically necessary.

A POLYSOMNOGRAM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Polysomnogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The California MTUS Guidelines do not address this topic. According to the American Academy of Sleep Medicine (AASM), polysomnography is indicated when there is reasonable clinical suspicion of sleep apnea or movement disorders, when initial diagnoses are uncertain, treatment fails, and/or precipitous arousals occur with violent or injurious behavior. In this case, the applicant does reportedly carry a diagnosis of sleep apnea and is using a CPAP mask. The attending provider's documentation, does suggest that the applicant's sleep issues have failed to respond favorable to previous introduction of the CPAP. A repeat polysomnogram is therefore indicated to determine what the magnitude of the applicant's sleep apnea issues are and/or whether re-titration or introduction of an alternative device is indicated. Therefore, the request is medically necessary.

A NERVE CONDUCTION STUDY (NCS) OF THE RIGHT LEG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Low Back Chapter, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Third Edition ACOEM Guidelines Chronic Pain Chapter, Electromyography section.

Decision rationale: The California MTUS Guidelines do not address the topic of nerve conduction testing for diagnosing peripheral entrapment neuropathy. However, according to the Third Edition ACOEM Guidelines Chronic Pain Chapter, nerve conduction testing's are recommended when there is a peripheral entrapment neuropathy which has not responded to treatment. In this case, the applicant reportedly has an issue of some sort of familial, hereditary neuropathic process, the attending provider has posited. The applicant has not responded favorably to treatment with various neuropathic pain medications and anticonvulsant medications. Significant pain complaints persist. Nerve conduction testing to delineate the extent of progression of the applicant's radiculopathy (if any) is indicated, given the applicant's failure to respond to introduction of earlier neuropathic medications. Therefore, the request is medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE RIGHT LEG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM Practice Guidelines, EMG testing for a clinically obvious radiculopathy is not recommended. In this case, the applicant does in fact have a clinically obvious radiculopathy with longstanding complaints of low back pain radiating to the legs. There is no mention, indication, or suggestion of how repeat EMG testing would alter or influence the treatment plan or clinical picture here. Therefore, the request is not medically necessary.