

Case Number:	CM14-0111463		
Date Assigned:	09/19/2014	Date of Injury:	12/22/2003
Decision Date:	10/23/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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 low back pain reportedly associated with an industrial injury of December 22, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for Axid, Zanaflex, and Norco. The applicant's attorney appealed. In a handwritten note dated February 7, 2014, the applicant presented with 7/10 low back pain, exacerbated by lifting, bending, and stooping. The note was handwritten, sparse, difficult to follow, not entirely legible. The applicant was apparently using a cane to move about. The applicant was placed off of work, on total temporary disability. Norco, Zanaflex, and Axid were apparently renewed. It was stated, through preprinted checkboxes, that Axid was employed for NSAID-induced dyspepsia, although there was no mention in the progress note of the applicant using any NSAIDs. The applicant was also given refills of Colace, Cialis, and Dendracin lotion. In another handwritten note dated March 19, 2014, the applicant was again described as off of work, on total temporary disability owing to ongoing complaints of low back pain radiating into the bilateral legs. The applicant was placed off of work for another 8-10 weeks. It was stated that the applicant should consider a spinal cord stimulator following earlier failed lumbar fusion surgery. The applicant was again described as using Norco, Zanaflex, Axid, Colace, Dendracin, and Cialis. Many of the same medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axid 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Pain Chapter, Proton Pump Inhibitor Subheading

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69, 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that H2 antagonists such as Axid are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the applicant is not seemingly using any NSAIDs. While Axid could have been supported if there is evidence that it was being used for stand-alone dyspepsia, in this case, the attending provider's handwritten progress notes contain little to no narrative commentary regarding the need for Axid. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider simply refilled Axid from visit to visit, with no mention of whether or not ongoing usage of the same was proving efficacious. Therefore, the request is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain): Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66, 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off-label for low back pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline how (or if) ongoing usage of Zanaflex has proven efficacious here. The applicant remains off of work, on total temporary disability. Severe complaints of low back pain persist. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, Criteria for use; Opioid Dos.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing Norco usage. The applicant continues to report complaints of severe low back pain, despite ongoing usage of Norco. The attending provider has failed to recount any material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.