

Case Number:	CM14-0131970		
Date Assigned:	09/19/2014	Date of Injury:	09/26/2011
Decision Date:	11/26/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 neck pain reportedly associated with an industrial injury of September 26, 2011. Thus far, the applicant has been treated with following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; a reported diagnosis with cervical radiculopathy, electrodiagnostically confirmed; and opioid agents. In a Utilization Review Report dated August 15, 2014, the claims administrator approved a request for Lyrica, denied a request for Naprosyn, approved a request for Wellbutrin, approved a request for Desyrel, denied a request for Norco, and denied a request for Zanaflex. The applicant's attorney subsequently appealed. In a March 25, 2014 progress note, the attending provider acknowledged that the applicant was not working and had last worked on September 26, 2012. The applicant was given a diagnosis of bilateral carpal tunnel syndrome and asked to pursue carpal tunnel release surgery. The applicant's medication list included Norco, Naprosyn, Ambien, Wellbutrin, estrogen, Tizanidine, and Lyrica. The applicant was status post neck and back surgery, it was acknowledged. On June 7, 2014, the applicant reported ongoing complaints of 8/10 bilateral hand and bilateral hip pain. The applicant stated that tizanidine was providing only minimal benefit and that Tramadol was not helping her pain whatsoever. Multiple medications were renewed, including Lyrica, Naprosyn, Wellbutrin, Trazodone, and Zanaflex, the latter of which was apparently sought at a heightened dose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (Non-Steroidal Anti-Inflammatory Drug) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antinflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s):.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antinflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made 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, the applicant is seemingly off work. The applicant's pain complaints appeared heightened from visit to visit despite ongoing usage of Naprosyn. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on other agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request was not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue 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 because of the same. In this case, however, the applicant continues to report pain complaints of 5 to 8/10 despite ongoing Norco usage. The attending provider has not outlined any meaningful improvements in function or quantifiable decrements in pain achieved because of ongoing Norco usage. The applicant remains off work, the attending provider has acknowledged. Not all of the foregoing, taken together, made a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Zanaflex 4mg #90: Overturned

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

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

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in management of spasticity, but can be employed off label for low back pain, as is present here. In this case, the attending provider indicated on the July 7, 2014, progress note in question that he was increasing the dosage of tizanidine (Zanaflex) to 4 mg. Unlike the other medications, the applicant had not had a trial of tizanidine at the dosage and frequency recommended by the attending provider. A trial of Zanaflex was indicated at the amount and frequency that was proposed by the attending provider. Therefore, the request was medically necessary.