

Case Number:	CM14-0151716		
Date Assigned:	09/19/2014	Date of Injury:	01/06/1993
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 67-year-old male who reported an injury on 01/06/1993 due to a motor vehicle accident with frontal injuries. Diagnoses were cervicalgia, secondary hypothyroidism, pruritic rash, spasm of muscle, lumbago, secondary erectile dysfunction, cervical facet joint pain, lumbar facet joint pain, myofascial pain, anxiety about body function or health, cervical radiculopathy, and chronic pain syndrome. Physical examination on 08/25/2014 revealed complaints of pain in right foot that was variable but constant. The injured worker reported he had constant aching neck pain with intermittent spasms, sharp pains, or painful numbness that radiated down bilateral arms to the hands. The pain was reported to be a 6/10 and has ranged from a 5/10 to 9.5/10 since last visit. It was reported that the chronic pain medication maintenance regimen benefited the injured worker to reduce pain, increased his activity tolerance, and restoration of partial overall functioning. Examination of the cervical spine revealed with deep palpation of the trapezius and levator scapula muscles, there was significant spasming and twitching of the muscle bellies. There was also significant point tenderness along the muscles as well as the deep cervical fascia. Facet loading pain and palpation of the cervical facets also elicited facet tenderness. Neurological examination revealed dysesthesia of radial forearms and lateral right foot. It was reported that the injured worker suffered frontal injuries including thyroid injury during his head on motor vehicle accident, which resulted in secondary hypothyroidism. Treatment plan was to take medications as directed and to refer for unknown weekly counseling sessions. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tizanidine 4mg, #30 with 5 refills: Upheld

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

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

Decision rationale: The decision for 1 Prescription of Tizanidine 4mg, #30 with 5 refills is not medically necessary. The California MTUS Guidelines recommend tizanidine (Zanaflex) as a nonsedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Although the injured worker has reported pain relief and functional improvement from the medication the provider did not indicate a frequency for the medication. Also, this medication is meant for a short term treatment of acute exacerbations of chronic low back pain. The injured worker has been taking this medication since at least 05/09/2014. The clinical documentation does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.

1 Prescription of Ketoconazole 2%, foam #1 bottle with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com: <http://www.drugs.com/mtm/ketoconazole-topical.html>

Decision rationale: The decision for 1 Prescription of Ketoconazole 2%, foam #1 bottle with 5 refills is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM and Official Disability Guidelines do not address this request. Drugs.com was referenced. Ketoconazole topical is an antifungal medication that prevents fungus from growing on your skin. It is used to treat fungal infections of the skin such as athlete's foot, jock itch, ringworm, and seborrhea (dry, flaking skin). The rationale for this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

1 Prescription of Levothyroxine 50mcg, #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gaber Jr, Cobin RH, Gharib H, Hennessey JV, Klein I, Mechanick JI, Pessah-Pollack R, Singer PA, Woeber KA, American Association of Clinical Endocrinologist and American Thyroid Association. Clinical practice guidelines for

hypothyroidism in adults: copponsored by the American Association of Clinical Endocrinologist and the American Thyroid Association. Endocr Pract. 2012 Nov-Dec; 18(6):988-1028. 311 references

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com: <http://www.drugs.com/levothyroxine.html>

Decision rationale: The decision for 1 Prescription of Levothyroxine 50mcg, #30 with 5 refills is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM, and Official Disability Guidelines do not address this request. Drugs.com was referenced. Levothyroxine is a replacement hormone normally produced by your thyroid gland to regulate the body's energy and metabolism. Levothyroxine is given when the thyroid does not produce enough of this hormone on its own. Levothyroxine treats hypothyroidism (low thyroid hormone). It is also used to treat or prevent goiter (enlarged thyroid gland), which can be caused by hormone imbalances, radiation treatment, surgery, or cancer. Although the injured worker has reported functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Unknown weekly counseling sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

Decision rationale: The decision for unknown weekly counseling sessions is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. It was not reported why the injured worker needed counseling. The clinical information submitted for review does not provide evidence to justify unknown weekly counseling sessions. Therefore, this request is not medically necessary.