

Case Number:	CM14-0172076		
Date Assigned:	10/23/2014	Date of Injury:	02/16/2010
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 February 6, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; dietary supplements; opioid therapy; unspecified amounts of physical therapy over the course of the claim; and reported return to full-time work, per the attending provider. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for Prozac, partially approved a request for Norco, partially approved a request for Naprosyn, approved a request for Senna, denied a request for Tizanidine, and denied a request for epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a progress note dated October 10, 2014, the applicant reported ongoing complaints of low back pain. The applicant was having issues with depression, anger, and sleep disturbance. The applicant stated that he had stowed his gun away in a safe place. The applicant stated that his mood had moderately improved following introduction of Prozac. The applicant stated that he had had an epidural steroid injection in late May and had only had three months of pain relief following the last injection. The applicant had had a total of four injections in the last two years, with one injection giving him 10 months of relief. The applicant stated that he was angry that an earlier request for an injection had been denied. The applicant was working full time as a driver and mechanic, it was noted. The applicant's medication list included Effexor, Prozac, Flector, Norco, Naprosyn, Senna, and Tizanidine, it was noted. The attending provider again posited that ongoing medication consumption was ameliorating the applicant's ability to perform activities of daily living and facilitate his returning to work. Multiple medications were renewed. The epidural injection was apparently appealed. In an earlier note dated September 5, 2014, it was again stated that the applicant was working full time. Multiple medications were refilled. The applicant was asked to

obtain an epidural injection on the grounds that the previous injections had provided up to six months of pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20 MG #30: Overturned

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as fluoxetine (Prozac) "may be helpful" to alleviate symptoms of depression. In this case, the attending provider has posited that ongoing usage of Prozac has attenuated his depressive symptoms, augmented his mood, and facilitated his maintaining successful return to work status. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Hydrocodone/Acetaminophen 10/325 MG #90: Overturned

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 topic 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, the applicant has successfully returned to work as a mechanic and driver. The applicant is deriving appropriate analgesia and improved ability to perform activities of daily living, including home exercises, through ongoing opioid therapy, the attending provider has posited. Continuing Norco, on balance, is indicated. Therefore, the request is medically necessary.

Naproxen Sodium 550 MG #60 with 5 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for chronic low back pain, as is present here. In this case, the applicant has demonstrated treatment success by achieving and/or maintaining successful return to work status. Ongoing usage of Naprosyn, the attending provider has posited, has further facilitated the applicant's ability to perform home exercises. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Tizanidine 4 MG #60 with 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section. 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 the management of spasticity but can be employed off-label for low back pain, as is present here. As with the multiple other medications, the applicant's achieving and/or maintaining successful return to work status does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f with ongoing usage of Tizanidine and other medications. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

1 Set of Epidural Injections Bilaterally at L4-5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: The request in question does represent a request for repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks, with a general recommendation of no more than four blocks per region per year. In this case, the attending provider has posited that earlier epidural steroid injections did generate anywhere from six to nine months of pain relief. The applicant's achieving and/or maintaining successful return to work status as a bus driver and mechanic does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f with earlier epidural blocks. This, coupled with the applicant's self-report of several months of lasting analgesia in the order of several months with earlier blocks, does make a compelling case for repeat blocks at the level in question. Therefore, the request is medically necessary.