

Case Number:	CM14-0176520		
Date Assigned:	10/30/2014	Date of Injury:	12/11/2002
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 major depressive disorder reportedly associated with an industrial injury of December 11, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; psychotropic medications; earlier shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated September 24, 2014, the claims administrator partially approved a request for Dilaudid while denying a request for Zanaflex outright. The applicant's attorney subsequently appealed. In a progress note dated November 4, 2014, the applicant reported heightened complaints of bilateral shoulder pain. The applicant was using Neurontin, Dilaudid, Paxil, Zanaflex, Cozaar, and Seroquel. The applicant was overweight with a BMI of 31. The attending provider stated that the applicant's medications were working well in another section of the report but did not elaborate or expound on the extent of the same. Dilaudid, Neurontin, Paxil, and Zanaflex were all renewed while the applicant was placed off of work, on total temporary disability. In a physical therapy progress note dated October 20, 2014, the applicant acknowledged that she was having difficulty lifting articles weighing greater than 3 pounds owing to ongoing pain complaints. In a progress note dated September 30, 2014, the applicant again reported ongoing complaints of bilateral shoulder pain, mood disturbance, carpal tunnel syndrome, and entrapment neuropathy. The applicant was again given refills of Dilaudid and Zanaflex and asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 as a result of the same. In this case, however, the applicant is off of work, on total temporary disability, and seemingly remained off of work for large portions of the claim. The attending provider, furthermore, has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing medication usage, including ongoing Dilaudid usage. Therefore, the request is not medically necessary.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex; Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7. Decision based on Non-MTUS Citation 9792.20f

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 but can be employed off-label for low back pain, this recommendation 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. Here, however, the fact that the applicant remains off of work, on total temporary disability, and remains dependent on opioid agents such as Dilaudid, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.