

Case Number:	CM14-0182588		
Date Assigned:	11/06/2014	Date of Injury:	03/05/1990
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Expedited	Application Received:	11/03/2014

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 knee pain, shoulder pain, and alleged thoracic outlet syndrome reportedly associated with an industrial injury of March 5, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; anxiolytic medications; multiple prior shoulder surgeries; thoracic outlet decompression surgery; cervical rib resection; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 29, 2014, the claims administrator partially approved a request for tizanidine, Mobic, Topamax, Zantac, and diazepam. The claims administrator suggested that a one-month supply of the medications in question might be more appropriate rather than the lengthier supply proposed by the attending provider. The applicant's attorney subsequently appealed. In a progress note dated June 16, 2014, the applicant reported persistent complaints of pain, scored at 7-1/2 over 10. The applicant suggested that an acquaintance has stolen some of her medications and/or put certain medications in two different bottles, resulting in the applicant's doubling on the dosage of certain medications. 7-1/2 over 10 pain was noted. The applicant was still unable to do any activities with the right hand. The applicant was using Zantac for GI upset associated with medications and was using senna for opioid-induced constipation. The applicant was using Valium for anxiolytic effects and/or muscle spasm effect, it was noted. The applicant was reportedly using Effexor for depression and OxyContin, Norco, and Zanaflex for pain complaints. The applicant stated that her pain complaints were impacting all activities of daily living. Multiple medications were refilled. The applicant's work status was not provided, although it did not appear that the applicant was working. In an undated appeal letter, handwritten, the applicant noted that she had a variety of medical and dental issues. The applicant noted that she was using dentures. The applicant stated that she was depressed. The

note was handwritten and somewhat difficult to follow. In a December 15, 2008 Medical-legal Evaluation, it was acknowledged that the applicant was no longer participating in hobbies such as running, tennis, and/or horseback riding. The applicant was receiving Workers' Compensation indemnity benefits, State Disability Insurance benefits, and Social Security Disability Insurance benefits totalling 3000 dollars monthly, it was stated. On May 17, 2014, the applicant again presented with diffuse multifocal pain complaints, 5-7/10. The applicant stated that a recent epidural injection had provided some pain relief. A repeat lumbar epidural injection was sought while OxyContin, Motrin, and cyclotherapy were apparently renewed. On August 12, 2014, the applicant again presented reporting diffuse bodily pain complaints. The applicant stated that she has recently slipped and fallen, injuring her knee and her right wrist. The applicant had known ACL insufficiency, it was acknowledged. The applicant's medication list included Topamax, OxyContin, Norco, Zanaflex, Effexor, and Zantac, it was stated. On September 22, 2014, the applicant again reported persistent shoulder pain complaints status post right shoulder total shoulder arthroplasty and left shoulder pain status post left shoulder surgery. The applicant reported heightened pain complaints, which she attributed to medication denials and to heightened depressive symptoms. The applicant stated that she had suicidal thoughts at times. The applicant stated that she was severely depressed. The attending provider stated that the applicant's medications were generating some benefit but did not elaborate or expound on the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg # 120 with 3 refills: Upheld

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

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

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, 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, however, the applicant is off of work. The applicant is receiving Social Security Disability Insurance (SSDI) benefits and Workers' Compensation indemnity benefits, it has been acknowledged. Ongoing usage of Tizanidine has failed to curtail the applicant's dependence on opioid agents such as OxyContin and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.

Mobic 15mg #120: Upheld

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the attending provider has posited that ongoing usage of various and sundry medications, including NSAIDs, has generated symptoms of dyspepsia. Discontinuing the offending NSAID, Mobic, appears to be a more appropriate option than continuing the same, particularly given the lack of clear functional benefit achieved through ongoing Mobic usage. Therefore, the request is not medically necessary.

Topamax 100mg tid #540:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and Topiramate Page(s): 7 and 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topiramate or Topamax can be employed for neuropathic pain in applicants in whom other anticonvulsants fail, 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 off of work, despite ongoing usage of Topiramate. Ongoing usage of Topiramate has failed to curtail the applicant's dependence on opioid agents such as OxyContin and Norco. Ongoing usage of Topamax has failed to diminish the applicant's dependence on epidural steroid injection therapy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Topamax. Therefore, the request is not medically necessary.

Zantac 150mg bid #240: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://us.gsk.com/products/assets/us_zantac.pdf

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 receptor antagonists such as Zantac are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has apparently developed issues with medication-

induced dyspepsia, which have reportedly been attenuated following introduction of Zantac, an H2 antagonist. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Diazepam 10mg bid #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines topic Page(s): 24.

Decision rationale: The attending provider indicated in his progress note that the applicant was using diazepam for both anxiolytic medication effect and antispasmodic effect. However, as noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Diazepam are not recommended for long-term use purposes, either for anxiolytic effect or for muscle relaxant effect. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on long-term usage of Diazepam. Therefore, the request is not medically necessary.