MAXIMUS Federal Services

Case Number:	CM14-0023842		
Date Assigned:	07/02/2014	Date of Injury:	01/04/1993
Decision Date:	08/20/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 has filed a claim for chronic low back pain, cauda equina syndrome, and foot drop reportedly associated with an industrial injury of January 4, 1993. Thus far, the applicant has been treated with the following: analgesic medications, adjuvant medications, a walker, and multiple lumbar spine surgeries. In a utilization review report dated February 11, 2014, the claims administrator approved a request for BuTrans patches, Senna, Desyrel, Norco, Lyrica, and a walker and denied Tizanidine and Prevacid. The applicant's case and care have apparently been complicated by comorbid diabetes, it is incidentally noted. In a progress note dated August 8, 2013, the applicant presented with issues related to diabetic foot. The applicant underwent debridement of toenails in the clinic setting. On February 3, 2014, the applicant was described as having persistent complaints of low back pain. The applicant's diabetes has reportedly worsened. The applicant was on Lyrica, Glucotrol, Flomax, Folate, Hyzaar, Norvasc, Norco, Synthroid, Tizanidine, Prevacid, Mirapex, Desyrel, Senna, and BuTrans. It was stated that the applicant was using a walker to move about. The attending provider suggested that the walker be replaced. There is no clear discussion of medication efficacy. A September 26, 2013 progress note is notable for comments that the applicant has failed multiple spine surgeries. The applicant is having persistent complaints of low back pain with heightened complaints of neuropathic pain at night. Elavil for nighttime use, topical analgesics, and Senna were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

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

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA-approved in the management of spasticity and can be employed off label for low back pain purposes, this recommendation is qualified by commentary on page 7 of the Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear mention or discussion of medication efficacy insofar as Tizanidine is concerned. It does not appear that the applicant has returned to work. The applicant remains highly reliant and highly dependent on other medications, including Norco. The applicant is having difficulty performing even basic activities of daily living, such as ambulating, despite ongoing Tizanidine usage. All of the above, taken together, imply a lack of functional improvement as defined in the MTUS, despite ongoing usage of Tizanidine. Therefore, the request for Tizanidine is not medically necessary.

Prevacid: 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: The MTUS Chronic Pain Medical Treatment Guidelines does support provision of a proton-pump inhibitor such as Prevacid to combat NSAID-induced dyspepsia. In this case, however, the progress notes provided do not allude to any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for Prevacid, a proton-pump inhibitor, is not medically necessary.