MAXIMUS Federal Services

Case Number:	CM14-0042277		
Date Assigned:	06/30/2014	Date of Injury:	12/09/2010
Decision Date:	09/23/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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, sacroiliac pain, and hip pain reportedly associated with an industrial injury of December 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; epidural steroid injection therapy; trigger point injections; unspecified amounts of acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 1, 2014, the claims administrator partially certified a request for methadone, partially certified request for Norco, approved a request for Pamelor, and partially certified a request for Tizanidine. The claims administrator based almost all of the decision on the ODG formulary, as opposed to invoking MTUS Guidelines. The claims administrator stated that it was partially certifying methadone on the grounds that the attending provider had failed to furnish evidence that ODG-preferred drugs had been tried and/or failed before Methadone was considered. The applicant's attorney subsequently appealed. In a June 3, 2014 medical-legal evaluation, it was suggested that the applicant was no longer working. The applicant was not volunteering. The applicant had not worked since 2010, it was stated, the applicant was not exercising. The applicant's husband was helping her with household chores, it was stated, the applicant was having issues with sleep disturbance, moderate pain, difficulty with travel, and difficulty pushing or pulling heavy articles. The applicant was using Methadone, Norco, Pamelor, Tizanidine, Savella, Synthroid, Protonix, Tenormin, Estrogen, Pravachol, Clonidine, and various vitamins, it was stated, The applicant was given permanent impairment ratings, it was stated. In a February 24, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant was using

methadone, Pamelor, Norco, and Tizanidine. The applicant was no longer smoking, it was stated, the applicant was asked to consider a spinal stimulator trial. The applicant was given diagnosis of chronic regional pain syndrome, left-sided sacroiliitis, piriformis syndrome, greater trochanteric bursitis. Methadone, Norco, Pamelor, and Tizanidine were endorsed while the applicant was placed off work, on total temporary disability. On April 9, 2014, the applicant was described as having a variety of mental health issues superimposed on chronic pain concerns. The attending provider placed the applicant on off work, on total temporary disability, from a mental health standpoint.On April 28, 2014, the applicant was given refills of methadone, Pamelor, Tizanidine, Norco, and Savella. The applicant was using six Norco a day. The applicant was having severe low back and left lower extremity pain, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 work, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to reduced, despite ongoing usage of Norco. The applicant has failed to return to any form of work. The applicant is having performing even basic activities of daily living such as standing and walking. The applicant is unable to perform household chores and is increasingly reliant on family members to perform the same. All of the above, taken together, suggest that criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have not been met therefore, the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

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 work, on total

temporary disability, although it is acknowledged that this may be a function of the applicant's medical and mental health issues as opposed to her medical issues alone. The applicant is having difficulty performing even basic activities of daily living such as household chores, cooking, cleaning, standing, walking, exercising, etc., despite ongoing opioid usage. All of the above, taken together, do not make a compelling case for continuation of Norco therefore; the request is not medically necessary.

Tizanidine 4mg #30: Upheld

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

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

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine/Zanaflex is FDA approved in the management of spasticity and can be employed off labeled 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. In this case, however, the applicant is off work, on total temporary disability. The applicant's pain complaints are heightened, as opposed to reduced, despite ongoing usage of Tizanidine. The applicant remains highly reliant and highly dependent on various opioid agents, including methadone and Norco. The applicant is having difficulty performing basic household chores such as walking her dogs, cooking, cleaning, yard work, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Ttizanidine therefore, the request is not medically necessary.