

Case Number:	CM14-0049114		
Date Assigned:	06/25/2014	Date of Injury:	12/24/2003
Decision Date:	07/31/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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 December 24, 2003. Thus far, the applicant has been treated with analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for Zanaflex and Vicodin. In a medical-legal evaluation of August 5, 2005, the applicant was described, at that point, as a qualified injured worker implying that the applicant was not, in fact, working. In a progress note dated April 8, 2014, the applicant presented to follow up on pain and disability associated with his industrial injury. Persistent low back pain complaints were appreciated. The applicant reported 8/10 pain, exacerbated by activities such as standing, sitting, bending, and twisting. The applicant was using Motrin, Vicodin, and Zanaflex; it was stated, as of this point in time. The applicant was having sleep complaints, it was noted. Lower extremity strength was limited secondary to pain, as was range of motion testing. Multiple medications were refilled, including BuTrans, Motrin, Vicodin, and Zanaflex. The applicant was asked to pursue massage therapy. On May 8, 2014, the applicant again received refills of aspirin, BuTrans, Plaquenil, Zocor, Tramadol, and Albuterol. The applicant was described as totally temporarily disabled, at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 66.

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

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that an attending provider should allow discussion of medication efficacy to guide his choice of recommendations. In this case, however, the applicant is reporting ongoing complaints of 8/10 low back pain, despite ongoing usage of Zanaflex. The applicant is off of work. The applicant has apparently not worked for several years. The applicant is having difficulty performing even basic activities of daily living such as sitting, standing, bending, etc. The applicant remains highly reliant on various forms of medical treatment, including massage therapy. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.

Vicodin 5/500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74 and 78-97.

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. There is no evidence of any improvements in pain or function which have been achieved as a result of ongoing Vicodin usage. If anything, the applicant was reporting heightened pain complaints as of the recent office visit, referenced above, in the 8/10 range, despite ongoing Vicodin usage. Therefore, the request is not medically necessary.