

Case Number:	CM14-0050075		
Date Assigned:	08/04/2014	Date of Injury:	11/30/2007
Decision Date:	09/10/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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], Incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 30, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; muscle relaxants; long- and short-acting opioids; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 25, 2014, the claims administrator partially certified a request for Norco, denied a request for omeprazole, denied a request for Neurontin, denied a request for Tizanidine, earlier lumbar laminectomy; and denied a request for MS Contin. The applicant's attorney subsequently appealed. In a medical-legal evaluation of May 12, 2009, it was acknowledged that the applicant remained off of work and was not looking for employment. The applicant's case and care have been complicated by morbid obesity status post gastric bypass, it is incidentally noted. In a March 6, 2014 progress note, the applicant presented with persistent complaints of low back pain, 6/10 with medications and 9/10 pain without medications. The applicant was having difficulty performing activities of daily living, ambulating, and was also having difficulty sleeping, the attending provider acknowledged. There was radiation of pain in the bilateral lower extremities. The applicant stated that walking was frequently aggravating his pain and generating muscle spasms. The applicant was using a TENS unit, it was further noted. The applicant was having issues with financial stress and worsened pain, it was acknowledged. In the review of systems section of the report, the attending provider stated that there were "no significant changes noted" in any systems, including the gastrointestinal system. The applicant was not working, it was acknowledged. The applicant was given a Toradol-vitamin B12 injection which the attending provider stated was being given due to an acute increase in pain. This was not detailed in any

other section of the report, it is incidentally noted. Norco, Omeprazole, Neurontin, Tizanidine, and MS Contin were renewed. On February 6, 2014, the applicant was again described as having 5-6/10 pain with medications and 9/10 pain without medications, with difficulty performing any activities of daily living, including standing, walking, prolonged sitting, sleeping, etc. Spasm and limited range of motion about the lumbar spine with a slow gait was observed. Norco, Omeprazole, Neurontin, Tizanidine, and Norco were all refilled. The applicant was again described as not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. The applicant is still having difficulty performing even basic activities of daily living, such as sitting, standing, walking, and sleeping, it is further acknowledged. While the attending provider has reported some low-grade reductions in pain levels with ongoing opioid therapy, these are, however, outweighed by the applicant's failure to return to any form of work and continued difficulty performing even the most basic activities of daily living. Accordingly, the request Is not medically necessary.

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Proton-Pump Inhibitors.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID induced dyspepsia, in this case, however, the provided progress notes made no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand alone. No rationale for selection and/or ongoing usage of Omeprazole was furnished by the attending provider. Therefore, the request Is not medically necessary.

Neurontin 400mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drug/Anti-Convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin or Neurontin should be asked "at each visit" as to whether there has been ongoing improvements in pain and/or function with the same. In this case, however, the applicant's ongoing reliance and dependence on opioid therapy, coupled with the fact that the applicant remains off of work, suggests a lack of functional improvement as defined in MTUS despite ongoing usage of Gabapentin. Therefore, the request is not medically necessary.

Tizanidine HCL 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section Page(s): 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, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the a provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear evidence of medication efficacy or functional benefit established through ongoing usage of Tizanidine. The applicant is off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including Toradol injection and opioid therapy. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.

MS Contin CR 30mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 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. The applicant's low-grade reduction in pain levels, as discussed above, is seemingly outweighed by the applicant's failure to return to any form of work and continued difficulty performing even the most basic activities of daily living, such as sitting, standing, walking, sleeping, etc. Therefore, the request is not medically necessary.

Toradol Injection with B12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

Decision rationale: The MTUS does not address the topic of vitamin B12 injections. As noted in the Third Edition ACOEM Guidelines, vitamins are not recommended for treatment of chronic pain in the absence of documented deficiencies or nutritional deficit stage. In this case, there was no evidence that the applicant had any kind of vitamin B12 deficiency which would have supported provision of vitamin B12. Since one component/ingredient in the injection was not recommended, the entire injection was not recommended. Accordingly, the request is not medically necessary.