MAXIMUS Federal Services

Case Number:	CM14-0077765		
Date Assigned:	07/18/2014	Date of Injury:	05/14/1998
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 May 14, 1998.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar diskectomy procedure; adjuvant medications; earlier lumbar diskectomy; and unspecified amounts of physical therapy over the life of the claim.In a Utilization Review Report dated May 6, 2014, the claims administrator failed to approve several medications, including Trazodone, Tizanidine, Celebrex, and Lyrica.The applicant's attorney subsequently appealed.In a November 13, 2004 progress note, the applicant was apparently described as having developed opioid induced hypogonadism.In a July 3, 2010 orthopedic evaluation, the applicant apparently presented with persistent complaints of low back pain. The applicant apparently had developed hypogonadism associated with opioids. The attending provider suggested that the applicant consider non-opioid agents.In a November 12, 2013 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral extremities. Lower extremity paresthesias were noted. The applicant had a past medical history notable for low testosterone, dyslipidemia, and hypertension. The applicant was a nonsmoker. The applicant was using Colace, Desyrel, Celebrex, AndroGel, Cymbalta, Lyrica, Provigil, Zanaflex, Duragesic, MiraLax, Lipitor, and Monopril, it was stated. MRI imaging of lumbar spine was sought to evaluate for suspected radiculopathy.Multiple pharmacy prescription records were reviewed and indicated that the applicant continued to receive many of the medications in question, including Duragesic, on February 21, 2014, February 28, 2014, March 21, 2014, April 4, 2014, and April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain topic Page(s): 13; 7.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend antidepressants in the treatment of chronic pain, particularly chronic pain of neuropathic origin, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant has been using Trazodone for some time. The applicant has failed to derive any lasting benefit or functional improvement through the same. The applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on numerous other agents, including opioid therapy with Fentanyl. Ongoing usage of Trazodone, thus, has failed to generate any concrete evidence of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

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

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 labeled for low back pain, as is present here, this recommendation is qualified by commentary 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 attending provider has failed to outline how (or if) ongoing usage of Tizanidine (Zanaflex) has generated functional improvement here. The applicant does not appear to be working. The applicant remains highly reliant on various forms of medical treatment, including opioid agents such as Duragesic. All of the above, taken together, suggest lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of COX-2 inhibitors such as Celebrex in applicants with some history of gastrointestinal issues, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that COX-2 inhibitors such as Celebrex are not indicated for the majority of applicants. In this case, the November 19, 2013 progress note failed to make any mention of issues with reflux, heartburn, dyspepsia, history of GI bleeding, etc., which would support provision of Celebrex, a COX-2 inhibitor, in lieu of non-selective NSAID. Therefore, the request is not medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic; MTUS 9792.20f Page(s): 99; 7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Pregabalin or Lyrica is a first-line agent for neuropathic 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 an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not outlined how ongoing usage of Lyrica has been beneficial here. The applicant is off of work. The applicant was described as "disabled" on a November 19, 2013 office visit, referenced above. The applicant remains highly dependent on other forms of medical treatment, including opioid agents such as Duragesic. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.