

Case Number:	CM14-0081258		
Date Assigned:	10/06/2014	Date of Injury:	12/19/2002
Decision Date:	11/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 19, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 5, 2014, the claims administrator partially approved a request for Xanax, invoking non-MTUS ODG Guidelines; denied a request for OxyContin; denied hip x-rays; denied lumbar spine x-rays; denied laboratory testing; and denied a variety of injectable corticosteroids. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated January 26, 2009, the applicant was described as using Norco, OxyContin, Lyrica, Cymbalta, Maxalt, and Halcion for various chronic pain conditions. The applicant was status post cervical fusion surgery, it was acknowledged. In an August 20, 2008 Psychiatric Medical-legal Evaluation, it was acknowledged that the applicant was off of work, on total temporary disability, as of that point in time. In a September 2, 2014 progress note, the applicant reported 3/10 neck pain with weakness about the arms. Low back pain was also scored at 3/10. Limited range of motion was noted about multiple body parts and multiple palpable tender points noted. The applicant stated that he was able to do less without his medications. Topiramate, OxyContin, and testosterone were endorsed. The applicant's stated diagnoses included chronic low back pain, chronic neck pain status post cervical fusion, chronic headaches, depression, lumbar radiculopathy, causalgia, and fibromyalgia, chronic regional pain syndrome, mixed headaches, thoracic outlet syndrome, and sleep apnea. It was stated that testosterone injections were making the applicant's pain lower. The applicant was reportedly unable to work, it was acknowledged. On July 22, 2014, the attending provider again stated that the applicant's testosterone was

reducing his pain. The applicant was asked to pursue epidural steroid injection therapy, Xanax, Topamax, and Methadone. Epidural steroid injection therapy was sought. The applicant reported 6-9/10 low back and neck pain. It was stated that alprazolam was helping the applicant's anxiety. In a June 24, 2014 progress note, it was again noted that the applicant was unable to work. The applicant was given a Toradol injection on this occasion. Epidural steroid injection therapy was again sought. It was stated that the applicant's depression was worse owing to withdrawal from OxyContin. The applicant was reportedly limping a lot. Multiple palpable tender points were noted. On June 18, 2013, the applicant did undergo laboratory testing which was apparently notable for a low testosterone of 88 and a low free testosterone of 2.3. Later testosterone testing of December 16, 2013 was notable for normalization of the serum testosterone to 463 and normalization of the free testosterone to 13.8. On April 18, 2014, the attending provider posited that the applicant's testosterone was improving the applicant's energy levels. Trigger point injections were apparently given in the clinic setting. The applicant was again described as unable to work. Lumbar flexion-extension films were sought, along with hip x-rays and cervical MRI imaging to evaluate the cause of the applicant's reportedly worsening arm numbness. Epidural steroid injection therapy was also sought. Injectable testosterone was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Alprazolam 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as alprazolam may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, it appears that the applicant and attending provider are intent on using Alprazolam or Xanax for chronic, long-term, and scheduled use purposes, for anxiolytic effect. The applicant appears to have been using alprazolam for what appears to be a span of several months to several years. This is not an ACOEM-endorsed role for Alprazolam. Therefore, the request is not medically necessary.

1 Prescription for Oxycontin 40mg #120: 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 of work, it has been noted on several occasions, referenced above. While several progress notes have reported some diminution in pain complaints reportedly achieved as a result of ongoing medication consumption, these reports are seemingly outweighed by the applicant's failure to return to work and the attending provider's failure to recount any meaningful improvements in function achieved as a result of ongoing OxyContin usage. Therefore, the request is not medically necessary.

1 Prescription for Tizanidine HCl 4mg #60: 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, 67.

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 apparently present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as OxyContin and/or adjuvant medications such as Topamax. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.

1 Prescription for Progesterone 20mg #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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Progesterone Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of progesterone, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Prometrium or progesterone is indicated in the prevention of endometrial hyperplasia in postmenopausal women and/or women with secondary amenorrhea. In this case, however, the applicant is male. It was not clearly stated why progesterone was selected here. It is further noted that the April 18, 2014 progress note on which the article in question was seemingly sought did not contain any

medication of the need for progesterone. The applicant, rather, was given an order to continue injectable testosterone for reported opioid-induced hypogonadism. No rationale for selection and/or ongoing usage of progesterone was furnished. Therefore, the request is not medically necessary.

1 right hip x-rays: 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, Hip and Groin Chapter, Summary of Recommendation section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines, hip and groin chapter notes that the initial evaluation of hip joint pain requires x-rays in some cases, ACOEM then notes that other cases do not require x-rays. ACOEM notes that the need for x-rays is contingent on the applicant's clinical presentation. In this case, however, the attending provider did not state what was sought. The attending provider did not state what was suspected. The attending provider's description of the applicant's presenting complaint suggested that the operating diagnosis here was that of myofascial pain syndrome as opposed to any focal hip pathology. Therefore, the request is not medically necessary.

1 lumbar flexion/extension x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red flags is "not recommended." In this case, it was not clearly stated how the flexion and extension views of the lumbar spine would influence or alter the treatment plan. It was not stated that the applicant was considering or contemplating further surgical intervention here, for instance. Therefore, the request is not medically necessary.

1 lumbar epidural L4-5 and L5-S1 from the right side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Based on the attending provider's documentation, this appears to represent a request for a repeat epidural steroid injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is seemingly off of work. The applicant remains highly dependent on multiple opioid and non-opioid agents. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injection therapy. Therefore, the request for an Epidural Steroid Injection at L4-L5 and L5-S1 is not medically necessary.