

Case Number:	CM14-0195730		
Date Assigned:	12/03/2014	Date of Injury:	06/06/2006
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 June 6, 2006. In a Utilization Review Report dated October 22, 2014, the claims administrator partially approved a request for Zanaflex, denied Neurontin, and denied glucosamine-chondroitin. The claims administrator's denials were based on an October 2, 2014 progress note. The applicant's attorney subsequently appealed. In an April 27, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain with derivative complaints and mood disturbance. The applicant was on Motrin, Flector patches, glucosamine-chondroitin, MiraLax, Norco, Neurontin, Zanaflex, Zocor, Valium, and Klonopin. The applicant was smoking one pack a day, it was acknowledged. The applicant was asked to try and perform home exercises, apparently through the aide of a personal trainer. The applicant was asked to try and cease smoking. Permanent work restrictions, including 20-pound lifting limitation, were renewed. It was not clearly outlined whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant was reportedly drinking occasionally, it is incidentally noted in the social history section of the note. On June 5, 2014, the applicant reported heightened complaints of low back pain reportedly attributed to her recent gaining weight. The applicant did have a BMI of 33, it was noted. The applicant was asked to continue Senna, glucosamine, Motrin, Flector, MiraLax, Norco, Neurontin, and Zanaflex. Permanent work restrictions were renewed. The applicant stated that her pain medications were reducing her pain scores from 10/10 to 7/10 in one section of the report and 8/10 to 4/10 in another section of the note. The applicant was again asked to try and cease smoking, while Norco, Neurontin, and Zanaflex were renewed. The applicant did not appear to be working with permanent limitations in place. The applicant was 58 years old as of this date, it was acknowledged. On October 7, 2014, the applicant was

apparently pending a piriformis injection of some kind. The applicant had retired, the treating provider suggested. In an RFA form dated October 9, 2014, Zanaflex, Norco, Neurontin, glucosamine chondroitin, and Motrin were renewed. The applicant was still smoking, it was suggested in a progress note of October 2, 2014. The applicant was given refills of Norco, Neurontin, and Zanaflex. The note was highly templated and was, on large part, a reprisal of functional restoration program discharge summary of October 29, 2014. The applicant was still drinking and smoking, it was further noted. 10/10 pain without medications versus 7/10 with medications was appreciated. The applicant was experiencing pain with home exercises and stated that her overall activity level was unchanged. The note, as noted above, was highly templated and was, for all intended purposes, identical to a previous note of April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex, Functional Restoration Approach to Chronic Pain Management section. Page(s). Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 66 of the California MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity, but can be employed off label for low back pain, as was/is 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 an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, however, the attending provider has not outlined any clear or compelling evidence of efficacy with going Zanaflex usage. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant has apparently remained relatively inactive and is gaining weight, the attending provider has posited. 7/10 pain complaints were reported on October 2, 2014, despite ongoing usage of Zanaflex. Permanent work restrictions were renewed, unchanged, from visit to visit, effectively resulting in the applicant's removal from the workplace, the attending provider suggested. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Neurontin 300mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section, Page(s): 19. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: As noted on page 19 of the California MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit," as to whether there have been improvements in pain and/or function achieved as a request of the same. In this case, the applicant was/is off of work. A rather proscriptive 25-pound lifting limitation was renewed, unchanged, from visit-to-visit. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioids agents such as Norco. The applicant continues to complain of pain as high as 7/10 despite ongoing Neurontin usage on an office visit dated October 2, 2014. The attending provider's progress notes were, it was further noted, highly templated and did not outline any clear or compelling evidence of ongoing improvement from visit-to-visit. As noted above, the October 2, 2014 progress note was essentially identical to an earlier note dated April 10, 2014. All of the foregoing, taken together, did not make a compelling case for continuation of Neurontin and suggested a lack of functional improvement as defined in MTUS 9792.20f with ongoing usage of the same. Therefore, the request was not medically necessary.

Glucosamine/Chondroitin 750/600mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic Page(s): 50.

Decision rationale: While page 50 of the California MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine-chondroitin is indicated in the treatment of pain associated with arthritis and, in particular, knee arthritis, in this case, however, the attending provider's progress note suggested that the applicant was given an operating diagnosis of nonspecific knee pain. For instance, on April 10, 2014, the applicant's stated diagnosis was that of knee pain, ICD-9 Code 719.46. Similarly, on October 2, 2014, the applicant was, once again, given a diagnosis of nonspecific knee pain, ICD-9 Code 719.46. There was, thus, no mention of issues with arthritis and/or knee arthritis for which ongoing usage of glucosamine would have been indicated. Therefore, the request was not medically necessary.