

<b>Case Number:</b>	CM14-0207079		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 September 19, 2013. In a Utilization Review Report dated November 13, 2014, the claims administrator denied a request for AppTrim, approved a request for diclofenac, denied a request for Norco, and denied a request for tizanidine. The claims administrator referenced an October 24, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On June 6, 2014, the applicant reported ongoing complaints of knee and hip pain, 9/10. The applicant was using Norco and diclofenac, which were reportedly helpful. The applicant was not working, however, it was acknowledged. The applicant stood 5 feet 5 inches tall and weighed 218 pounds. The applicant was using a cane to move about. Additional physical therapy and home exercises were endorsed while Norco was renewed. MRI imaging of the hip was sought. The applicant was placed off of work, on total temporary disability. The applicant had previously received a right knee meniscectomy procedure. On May 9, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back and knee pain. The applicant had undergone a knee arthroscopy on May 3, 2014. Norco and diclofenac were renewed. The remainder of the file was surveyed. The October 24, 2014 progress note which the claims administrator based its determination upon was not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Apptrim #120, 2 Bottles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**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, Alternative Treatments section.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that dietary supplements such as AppTrim are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Here, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue, although it is acknowledged that the claims administrator did not seemingly incorporate the October 24, 2014 progress note on which the article in question was sought into its Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**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. Here, the applicant's work and functional status as of the October 24, 2014 office visit in question were not clearly furnished as the claims administrator did not incorporate said October 24, 2014 progress note into the Independent Medical Review packet. The information which is on file, however, seemingly failed to support or substantiate the request as several historical progress notes, referenced above, suggested that the applicant was off of work, on total temporary disability, as of mid 2014. On progress notes of mid 2014, the attending provider failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Tizanidine 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex; Functional Restoration Approach to Chronic Pain Management 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 but can be employed off-label for low back pain, as was/is present here, this recommendation is, however, 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 his choice of recommendations. Here, however, the October 24, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, seemingly suggested that the applicant is off of work, on total temporary disability, and that ongoing usage of tizanidine (Zanaflex) has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.