

Case Number:	CM14-0207504		
Date Assigned:	12/19/2014	Date of Injury:	04/16/2009
Decision Date:	02/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 April 16, 2009. In a Utilization Review Report dated December 5, 2014, the claims administrator failed to approve requests for Voltaren gel, partially approved a request for Zanaflex, approved gabapentin, approved Mobic, and approved Prilosec. The claims administrator referenced a November 18, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a November 19, 2014 progress note, the applicant reported ongoing complaints of low back and bilateral knee pain, 5-6/10 with medications versus 8/10 without medications. The applicant was using Neurontin, Zanaflex, Prilosec, and Voltaren gel, it was acknowledged. The applicant had undergone left and right arthroscopic knee surgeries. The applicant was asked to obtain a replacement pair of crutches while Mobic, Neurontin, Zanaflex, Prilosec, and Voltaren gel were endorsed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The stated diagnoses were chronic low back pain, lumbar spondylosis, knee bursitis, and degenerative disk disease of the lumbar spine. It did not appear that the applicant was working with permanent limitations in place, although this was not clearly outlined. In a progress note dated October 23, 2014, the applicant reported 6/10 pain with medications versus 8-9/10 pain without medications. The applicant was on Neurontin, an unspecified antiinflammatory medication, Prilosec, topical medications, and Zanaflex. The applicant was using a cane to move about. Multiple medications were renewed, including Mobic, Neurontin, Zanaflex, Prilosec, and

Voltaren gel. It appeared, by all accounts, that the applicant's primary pain generator was the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaran gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

Decision rationale: The applicant's primary pain generator here is the low back (lumbar spine). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. The attending provider has not furnished any compelling applicant-specific rationale which would support provision of Voltaren gel for a body part for which it has not been evaluated, the low back/lumbar spine. Therefore, the request was not medically necessary.

Zanaflex 4mg QTY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-spasticity drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section; Functional Restoration Approach to Chronic Pain Management section.

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, 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 his choice of recommendations. Here, while the attending provider has reported some reduction in pain levels reportedly achieved with ongoing medication consumption, including ongoing Zanaflex consumption, the attending provider has failed to outline any meaningful improvements in function achieved as a result of the same. The applicant is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant is having difficulty performing activities of daily living as basic as standing and walking and is apparently using a cane and/or crutches. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on other analgesic medications, including Mobic, Neurontin, Voltaren gel, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request was not medically necessary.

